

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000040322

Entity Name: FOX FAMILY PARTNERS, LLC

FILED  
Aug 17, 2006  
Secretary of State

**Current Principal Place of Business:**

2719 GOLDEN EAGLE POINT  
SANFORD, FL 32746

**New Principal Place of Business:**

211 JUNIPER RIDGE CRT  
SANFORD, FL 32771

**Current Mailing Address:**

2719 GOLDEN EAGLE POINT  
SANFORD, FL 32746

**New Mailing Address:**

211 JUNIPER RIDGE CRT  
SANFORD, FL 32771

FEI Number: 20-4154365      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

A.G.C. CO.  
200 S. ORANGE AVE  
SUNTRUST CENTER STE. 2300  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MARY, A. JARRELL  
Address: 2719 GOLDEN EAGLE POINT  
City-St-Zip: SANFORD, FL 32746

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MARY, A. JARRELL  
Address: 211 JUNIPER RIDGE CRT  
City-St-Zip: SANFORD, FL 32771

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARY ANNE JARRELL

MRS.

08/17/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date