

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000050764

FILED
Jul 06, 2005
Secretary of State

Entity Name: FAMILY FOUNDATIONS ORGANIZATION, LLC

Current Principal Place of Business:

1686 RACHELS RIDGE LOOP
OCOEE, FL 34761

New Principal Place of Business:

Current Mailing Address:

1686 RACHELS RIDGE LOOP
OCOEE, FL 34761

New Mailing Address:

FEI Number: 20-1169431 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:

KELLY, SHERA
1686 RACHELS RIDGE LOOP
OCOEE, FL 34761 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: KELLY, SHERA
Address: 1686 RACHELS RIDGE LOOP
City-St-Zip: OCOEE, FL 34761

Title: MGR (X) Delete
Name: HAGOOD, TOM
Address: 2729 WILLOW CREEK DR.
City-St-Zip: OVIEDO, FL 32765

Title: MGR (X) Delete
Name: BADGEWELL, GREG
Address: 13927 EYLEWOOD DR.
City-St-Zip: WINTER GARDEN, FL 34787

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SHERA KELLY

MGR

07/06/2005

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