

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000050845

FILED  
Sep 18, 2008  
Secretary of State

Entity Name: THE NEVILLE FAMILY, L.L.C.

**Current Principal Place of Business:**

1594 PARKWOOD CT WEST  
NICEVILLE, FL 32578

**New Principal Place of Business:**

1000 NAPA WAY  
NICEVILLE, FL 32578

**Current Mailing Address:**

1594 PARKWOOD CT WEST  
NICEVILLE, FL 32578

**New Mailing Address:**

1000 NAPA WAY  
NICEVILLE, FL 32578

FEI Number:                      FEI Number Applied For (X)                      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:**

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

VIOLETTE, MARK A PA  
42 BUSINESS CENTRE DRIVE  
SUITE 311  
MIRAMAR BEACH, FL 32550 US

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: MGRM ( ) Delete  
Name: NEVILLE, MARILYN V  
Address: 1594 PARKWOOD CT WEST  
City-St-Zip: NICEVILLE, FL 32578

Title: M ( ) Delete  
Name: NEVILLE, THOMAS P  
Address: 1594 PARKWOOD CT WEST  
City-St-Zip: NICEVILLE, FL 32578

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: NEVILLE, MARILYN V  
Address: CMR 457, BOX 427  
City-St-Zip: APO, AE 09033

Title: M (X) Change ( ) Addition  
Name: NEVILLE, THOMAS P  
Address: CMR 457, BOX 427  
City-St-Zip: APO, AE 09033

I hereby certify that the information supplied with this filing does not qualify 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: MARILYN V NEVILLE

MGRM

09/18/2008

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