

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000076091

FILED
May 02, 2005
Secretary of State

Entity Name: ONE FAMILY BUSINESS LLC

Current Principal Place of Business:

4221 WEST SPRUCE STREET
#1413
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

4221 WEST SPRUCE STREET
#1413
TAMPA, FL 33607

New Mailing Address:

FEI Number: 20-1770249 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

HENRY, BRUCE D
2203 NORTH LOIS AVE.
M650
TAMPA, FL 33607 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/MEMBERS:

Title: MGR () Delete
Name: HENRY, BRUCE D
Address: 4221 WEST SPRUCE STREET #1413
City-St-Zip: TAMPA, FL 33607

Title: MGR () Delete
Name: HENRY, JESSIE L
Address: 4221 WEST SPRUCE STREET #1413
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HENRY, BRUCE D
Address: 4301 WEST ARCH STREET
City-St-Zip: TAMPA, FL 33607

Title: MGR (X) Change () Addition
Name: HENRY, JESSIE L
Address: 4301 WEST ARCH STREET
City-St-Zip: TAMPA, FL 33607

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: BRUCE D. HENRY

MGR

05/02/2005

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