


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000081024 1. Entity Name DILLON FAMILY HOLDINGS, LLC	
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Principal Place of Business 231 LAMARA WAY N.E. ST PETERSBURG, FL 33704 US	Mailing Address 231 LAMARA WAY N.E. ST PETERSBURG, FL 33704 US
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04142007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3732766	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

DILLON, JAMES P 231 LAMARA WAY N.E. ST PETERSBURG, FL 33704

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DILLON, JAMES P 231 LAMARA WAY N.E. ST PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DILLON, PAMELA 231 LAMARA WAY N.E. ST PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DILLON, ANNA 231 LAMARA WAY N.E. ST PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DILLON, MARY 231 LAMARA WAY N.E. ST PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DILLON, JAKE E 231 LAMARA WAY N.E. ST PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000735826
05/10/07-80049-012 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 606, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-18-07 786 258-0384

Date

Daytime Phone #