2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000087277

1. Entity Name
THE MITCHELL FAMILY L.L.C.

Principal Place of Business	Mailing Address
4939 NEW PROVIDENCE AVENUE TAMPA, FL 33629	4939 NEW PROVIDENCE AVENUE TAMPA, FL 33629

DO NOT WRITE IN THIS SPACE

01302006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number		Applied For
14-1920262		Not Applicab!.

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. **Name and Address of Current Registered Agent**

GARDNER, MERRITT A
401 EAST JACKSON STREET, SUITE 2400
TAMPA, FL 33602

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	MITCHELL, TARRA L
STREET ADDRESS	4939 NEW PROVIDENCE AVENUE
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	MGR
NAME	MITCHELL, GEORGE L
STREET ADDRESS	4939 NEW PROVIDENCE AVENUE
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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CITY-ST-ZIP	

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02/18/06-80005-016 50.00

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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 608, Florida Statutes.

SIGNATURE: _Tarra L. Mitchell_   Tarra L. Mitchell   2/3/06   (813) 789-7812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #