## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000016218

Entity Name: FAMILY CAPITAL HOLDINGS, LLC

FILED Jan 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1390 SOUTH DIXIE HWY. SUITE 2209 1390 SOUTH DIXIE HWY. SUITE 2207

CORAL GABLES, FL 33146 CORAL GABLES, FL 33146

Current Mailing Address: New Mailing Address:

1390 SOUTH DIXIE HWY.
SUITE 2209
CORAL GABLES, FL 33146
1390 SOUTH DIXIE HWY.
SUITE 2207
CORAL GABLES, FL 33146
CORAL GABLES, FL 33146

FEI Number: 02-0746670 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

PERLIN, BRIAN C
201 ALHAMBRA CIRCLE
SUITE 503
CORAL GABLES, FL, FL 33134 US

PERLIN, BRIAN C ESQUIRE
201 ALHAMBRA CIRCLE
SUITE 503
SUITE 503
CORAL GABLES, FL 33134 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: BRIAN C. PERLIN, ESQ. 01/14/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition

Name:CUERVO, MARIA LName:CUERVO, MARIA LAddress:1390 SOUTH DIXIE HWY., SUITE 2209Address:1390 SOUTH DIXIE HWY., SUITE 2207City-St-Zip:CORAL GABLES, FL 33146 USCity-St-Zip:CORAL GABLES, FL 33146 US

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: MARIA LOURDES CUERVO MGR 01/14/2009