


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 23, 2008 8:00 am
Secretary of State

05-23-2008 90159 008 ***138.75

DOCUMENT # L05000019728					
1. Entity Name FAMILYSTONE, LLC					
Principal Place of Business 8213 STOCKTON WAY TAMPA, FL 33647			Mailing Address 8213 STOCKTON WAY TAMPA, FL 33647		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 81-0665515	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MUNGENAST, JOHN 8213 STOCKTON WAY TAMPA, FL 33647			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME VIVA CHAPARRAL PROPERTIES, LP, LLC STREET ADDRESS 5213 STOCKTON WAY CITY-ST-ZIP TAMPA, FL 33647	<input checked="" type="checkbox"/> Delete		TITLE NAME MAY Sharon Howell STREET ADDRESS 5213 Stockton way CITY-ST-ZIP Tampa FL 33647	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE MGR NAME SPIRIT OF 76, LLC STREET ADDRESS 5213 STOCKTON WAY CITY-ST-ZIP TAMPA, FL 33647	<input checked="" type="checkbox"/> Delete		TITLE NAME Theodore Brill STREET ADDRESS 5213 Stockton way CITY-ST-ZIP Tampa FL 33647	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE MGR NAME BERAUDE, PATRICIA H STREET ADDRESS 5213 STOCKTON WAY CITY-ST-ZIP TAMPA, FL 33647	<input checked="" type="checkbox"/> Delete		TITLE NAME Patti Smith STREET ADDRESS 5213 Stockton way CITY-ST-ZIP Tampa FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE MGR NAME MUNGENAST, JOHN E STREET ADDRESS 5213 STOCKTON WAY CITY-ST-ZIP TAMPA, FL 33647	<input type="checkbox"/> Delete		TITLE NAME John Porter STREET ADDRESS 5213 Stockton way CITY-ST-ZIP Tampa FL 33647	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME MUNGENAST, PATRICIA A STREET ADDRESS 5213 STOCKTON WAY CITY-ST-ZIP TAMPA, FL 33647	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME MUNGENAST, JAMES B M STREET ADDRESS 5213 STOCKTON WAY CITY-ST-ZIP TAMPA, FL 33647	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>John M. Vanden Enrolled Agent</u> 0784254155					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					