## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jan 29, 2007 08:00 AM DOCUMENT # L05000021023 Secretary of State 1. Entity Name NUFAMILY, LLC Principal Place of Business Mailing Address 2333 GULF OF MEXICO DRIVE 2333 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228 LONGBOAT KEY, FL 34228 01212007 No Chg-LLC CR2E083 (11/05) Applied For 4. FEI Number 20-2424398 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARSHALL, ELIZABETH C. 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236 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 (Marin 1991) Filing Fee'is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. Charles of the canal active to present it TITLE VUKOVICH, LAURA J NAME 2333 GULF OF MEXICO DR STREET ADORESS CITY-ST-ZIP LONGBOAT KEY, FL 34228 000000611429 02/02/07-80063-001 50.00 TITLE NAME STREET ADORESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS U00000611429 02/02/07-80063-002 5.00 CTTY-ST-ZIP πTF NAME STREET ADDRESS CITY-ST-ZIP TTLE NAME STREET ADDRESS 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 information 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 flability company/o) the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**FILED**