2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 10, 2008
Secretary of State

DOCUMENT# L05000022972

Entity Name: LEWIS FAMILY INVESTMENT COMPANY, LLC

Current Principal Place of Business:

7311 SW 108 TERRACE
PINECREST, FL 33156

New Principal Place of Business:

6801 SW 99 TERRACE
PINECREST, FL 33156

Current Mailing Address:

7311 SW 108 TERRACE
PINECREST, FL 33156

New Mailing Address:

6801 SW 99 TERRACE
PINECREST, FL 33156

FEI Number: 65-0144957 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAN, STEVEN B
7311 SW 108 TERRACE
PINECREST, FL 33156 US

Name and Address of New Registered Agent:

DAN, STEVEN B
6801 SW 99 TERRACE
PINECREST, FL 33156 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: STEVEN DAN 07/10/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: DAN, STEVEN B
Address: 7311 SW 108 TERRACE
City-St-Zip: PINECREST, FL 33156

Title: MGR ( ) Delete
Name: DAN, SANDRA L
Address: 7311 SW 108 TERRACE
City-St-Zip: PINECREST, FL 33156

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: DAN, STEVEN B
Address: 6801 SW 99 TERRACE
City-St-Zip: PINECREST, FL 33156

Title: MGR (X) Change ( ) Addition
Name: DAN, SANDRA L
Address: 6801 SW 99 TERRACE
City-St-Zip: PINECREST, FL 33156

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: STEVEN DAN MGRM 07/10/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date