

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90144 018 \*\*\*\*50.00

**DOCUMENT # L05000036172**

1. Entity Name  
MY MOTHER IN LAW'S HOME, LLC



Principal Place of Business

ONE OSPREY LANE  
KEY LARGO, FL 33037

Mailing Address

ONE OSPREY LANE  
KEY LARGO, FL 33037

**DO NOT WRITE IN THIS SPACE**



03012007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
20-2713708

Applied For  
Not Applicable

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

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

TERWILLIGER, J. RONALD  
ONE OSPREY LANE  
KEY LARGO, FL 33037

**DO NOT WRITE  
IN THIS SPACE**

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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TERWILLIGER, J. RONALD ONE OSPREY LANE KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/13/07

Date

770-801-1600

Daytime Phone #