

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90245 003 \*\*\*\*50.00

<b>DOCUMENT # L05000038836</b>						
<b>1. Entity Name</b> OUR FAMILY LAKEWOOD HOME LLC						
<b>Principal Place of Business</b> 757 TROPICAL CIRCLE SARASOTA, FL 34242			<b>Mailing Address</b> 757 TROPICAL CIRCLE SARASOTA, FL 34242			
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			
<b>4. Name and Address of Current Registered Agent</b> BUCKNELL, PHILLIP 757 TROPICAL CIRCLE SARASOTA, FL 34242			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
<b>5. 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.</b>						
<b>SIGNATURE</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>						
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>				
<b>8. MANAGING MEMBERS/MANAGERS</b>			<b>9. ADDITIONS/CHANGES</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGR</b> BUCKNELL, PHILLIP 757 TROPICAL CIRCLE SARASOTA, FL 34242		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGR</b> BUCKNELL, LINDSAY 757 TROPICAL CIRCLE SARASOTA, FL 34242		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>10. 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.</b>						
<b>SIGNATURE:</b> <i>Kendray Brown</i>			2/14/06 941-346 2509			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>						

3-16-06



ATTACHMENT

Need FEI #

30003215

Ring IRS.

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

1-800 829 1040.

February 28, 2006

from OUR FAMILY LAKEWOOD HOME LLC  
757 TROPICAL CIRCLE  
SARASOTA, FL 34242

FEI # is same as EIN #

Returned 16 March.

Subject: OUR FAMILY LAKEWOOD HOME LLC

Reference Number: L05000038836

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

829. 2 4933

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CJ  
ANNUAL REPORTS SECTION

EIN 75-318896

P.O. BOX 6478 - Tallahassee, Florida 32314