2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2007
Secretary of State

DOCUMENT# L05000056041

Entity Name: J.F.S. FAMILY LLC

Current Principal Place of Business:

1520 OHIO AVE. SOUTH
LIVE OAK, FL 32064

New Principal Place of Business:

Current Mailing Address:

1520 OHIO AVE. SOUTH
LIVE OAK, FL 32064

New Mailing Address:

FEI Number: 83-0438645 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCOTT, JEFFREY F
1520 OHIO AVE S.
LIVE OAK, FL 32064 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	P	( ) Delete
Name:	SCOTT, JEFFREY F	
Address:	1520 OHIO AVE. S.	
City-St-Zip:	LIVE OAK, FL 32064	
Title:	VP	( ) Delete
Name:	SCOTT, MELODY M	
Address:	1520 OHIO AVE S	
City-St-Zip:	LIVE OAK, FL 32064	
Title:	SH	( ) Delete
Name:	SCOTT, JASON C	
Address:	1520 OHIO AVE S	
City-St-Zip:	LIVE OAK, FL 32064	
Title:	SH	( ) Delete
Name:	SCOTT, ANNMARIE	
Address:	1520 OHIO AVE S	
City-St-Zip:	LIVE OAK, FL 32064	
Title:	SH	( ) Delete
Name:	SCOTT, AARON D	
Address:	1520 OHIO AVE S	
City-St-Zip:	LIVE OAK, FL 32064	
Title:	SH	( ) Delete
Name:	SCOTT, JOY R	
Address:	1520 OHIO AVE S	
City-St-Zip:	LIVE OAK, FL 32064	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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: JEFFREY F. SCOTT P 01/05/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date