

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000078988

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: TUCKER FAMILY TRUST LLC

**Current Principal Place of Business:**

23300 N. FT. CHRISTMAS RD.  
CHRISTMAS, FL 32709

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 10  
CHRISTMAS, FL 32709

**New Mailing Address:**

FEI Number: 20-3957053

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TUCKER, CECIL A II  
23300 FT CHRISTMAS RD  
CHRISTMAS, FL 32709 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: MGRM ( ) Delete  
Name: TUCKER, CECIL A II  
Address: 23300 FT CHRISTMAS RD  
City-St-Zip: CHRISTMAS, FL 32709

Title: MGRM ( ) Delete  
Name: MEADE, ANITA E  
Address: 5019 LA CROIX AVE  
City-St-Zip: ORLANDO, FL 32750

Title: MGRM ( ) Delete  
Name: MEADE, JAMES M II  
Address: 5361 YOUNG PINE RD  
City-St-Zip: ORLANDO, FL 32829

**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:

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: CECIL A. TUCKER, II

MGR

04/30/2009

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