2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2008
Secretary of State

DOCUMENT# L05000105845

Entity Name: MURBACH FAMILY INVESTMENTS, LLC

Current Principal Place of Business:

5214 LAUREL POINTE DRIVE
VALRICO, FL 33594

New Principal Place of Business:

Current Mailing Address:

5214 LAUREL POINTE DRIVE
VALRICO, FL 33594

New Mailing Address:

PO BOX 2094
EDWARDS, CO 81632

FEI Number: 20-3777865 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HINES, JAMES P JR
315 SOUTH HYDE PARK AVENUE
TAMPA, FL 33606 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:	MR	( ) Delete
Name:	MURBACH, JOSEPH D	
Address:	PO BOX 2094	
City-St-Zip:	EDWARDS, CO 81632 US	
Title:	MR	( ) Delete
Name:	MURBACH, WILLAMI E	
Address:	7535 SUMMERFIELD RD	
City-St-Zip:	PETERSBURG, MI 49270 US	
Title:	MRS	( ) Delete
Name:	FOX, ILVA M	
Address:	PO BOX 2971	
City-St-Zip:	KODAIK, AK 99615 US	
Title:	MR	( ) Delete
Name:	MURBACH, RICHARD T	
Address:	5214 LAUREL POINTE DR	
City-St-Zip:	VALRICO, FL 33594 US	
Title:	MR	( ) Delete
Name:	MURBACH, JOHN F	
Address:	5555 GRANDVIEW	
City-St-Zip:	NEWPORT, MI 48166 US	
Title:	MR	( ) Delete
Name:	MURBACH, ANDREW J	
Address:	5628 ADOBE RD	
City-St-Zip:	ROCKLIN, CA 95765 US	

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 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: JOSEPH D MURBACH MR 04/03/2008

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