2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Sep 07, 2007
Secretary of State

DOCUMENT# L05000107927

Entity Name: FAMILY FIRST INVESTMENTS OF FLORIDA, LLC

Current Principal Place of Business:

3761 NOVA ROAD
PORT ORANGE, FL 32129

New Principal Place of Business:

Current Mailing Address:

3761 NOVA ROAD
PORT ORANGE, FL 32129

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KILMAN, AARON F
3761 NOVA ROAD
PORT ORANGE, FL 32129 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: AARON KILMAN

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: KILMAN, AARON F
Address: 3761 NOVA ROAD
City-St-Zip: PORT ORANGE, FL 32129

Title: MGR ( ) Delete
Name: KILMAN, RICAHRD L
Address: 1535 S.E. 15TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: MGR ( ) Delete
Name: KNIGHTON, RONALD H
Address: 1811 WILLOW OAK DRIVE
City-St-Zip: EDGEWATER, FL 32132

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: AARON KILMAN MGR 09/07/2007

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