

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000113496

FILED
Mar 20, 2008
Secretary of State**Entity Name:** FOX FAMILY LLC**Current Principal Place of Business:**5380 HOFFNER AVE.
ORLANDO, FL 32812**New Principal Place of Business:****Current Mailing Address:**3135 HEATHGATE COURT
ORLANDO, FL 32812**New Mailing Address:****FEI Number:** 20-3900189**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FOX, ROBERT L
3135 HEATHGATE COURT
ORLANDO, FL 32812 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: FOX, ROBERT L
Address: 3135 HEATHGATE COURT
City-St-Zip: ORLANDO, FL 32812**Title:** MGRM () Delete
Name: HOLLIS, JAMES E JR.
Address: 5380 HOFFNER AVE.
City-St-Zip: ORLANDO, FL 32812**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** MGRM () Change (X) Addition
Name: BURD, MICHAEL F
Address: 5380 HOFFNER AVE
City-St-Zip: ORLANDO, FL 32812

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: MICHAEL F BURD

MGRM

03/20/2008

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