

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000113496

FILED
Jun 21, 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:

5380 HOFFNER AVE.
ORLANDO, FL 32812

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: MGRM (X) Delete
Name: BURD, MICHAEL F
Address: 5380 HOFFNER AVE
City-St-Zip: ORLANDO, FL 32812

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: BURD, MICHAEL F
Address: 5380 HOFFNER AVE.
City-St-Zip: ORLANDO, FL 32812

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: MICHAEL F BURD

MGRM

06/21/2008

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