


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 A
Secretary of State

DOCUMENT # L05000115090 1. Entity Name O'CONNELL FAMILY FUND, LLC	
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Principal Place of Business 6730 NORTH SCOTTSDALE ROAD SUITE 230 SCOTTSDALE, AZ 85253	Mailing Address 6730 NORTH SCOTTSDALE ROAD SUITE 230 SCOTTSDALE, AZ 85253
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03302007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3865298	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GEHRKE, CHARLES R 5129 CASTELLO DRIVE SUITE 1 NAPLES, FL 34103
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**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BISGROVE, GERALD 6730 NORTH SCOTTSDALE ROAD, STE. 230 SCOTTSDALE, AZ 85253
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04/27/07-80013-013 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Jana Munson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/13/07

Date

480-361-6914

Daytime Phone #