

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 27, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000115090

1. Entity Name
O'CONNELL FAMILY FUND, LLC



Principal Place of Business
6730 NORTH SCOTTSDALE ROAD
SUITE 230
SCOTTSDALE, AZ 85253

Mailing Address
6730 NORTH SCOTTSDALE ROAD
SUITE 230
SCOTTSDALE, AZ 85253



01092008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3865298

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GEHRKE, CHARLES R
5129 CASTELLO DRIVE
SUITE 1
NAPLES, FL 34103

**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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000872201
04/10/08-80026-024 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BISGROVE, GERALD
6730 NORTH SCOTTSDALE ROAD, STE. 230
SCOTTSDALE, AZ 85253

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

GERALD BISGROVE,
MANAGING MEMBER

3/20/2008

480-607-5800

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

Date

Daytime Phone #