

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L05000122830</b>					
<b>1. Entity Name</b> SHER FAMILY ASSOCIATES, LLC					
<b>Principal Place of Business</b> 5858 CENTRAL AVE. ST PETERSBURG, FL 33707			<b>Mailing Address</b> P.O. BOX 41847 ST PETERSBURG, FL 33743-1847		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04052006    Chg-LLC    CR2E083 (11/05)	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
SHER, CRAIG H 5858 CENTRAL AVE. ST PETERSBURG, FL 33707				Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER - MGRM CJS Charitable Lead TRUST 5858 Central Avenue ST. Petersburg FL 33707	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700076650067 06/27/06--01059--018 ***CC 00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER - MGRM JESSICA L. SHER 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change    Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER - MGRM ALISON B. SHER 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change    Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER - MGRM STACY E. SHER 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change    Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change    Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change    Addition		
<b>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.</b>					
<b>SIGNATURE:</b> <b>CRAIG SHER</b> 4/16/06    727-384-6000					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #					

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

