


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000122830 1. Entity Name SHER FAMILY ASSOCIATES, LLC	
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Principal Place of Business 5858 CENTRAL AVE. ST PETERSBURG, FL 33707	Mailing Address P.O. BOX 41847 ST PETERSBURG, FL 33743-1847
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**DO NOT WRITE IN THIS SPACE**

**FILED**

07 APR 27 AM 8:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03022007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-4002359	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SHER, CRAIG H  
5858 CENTRAL AVE.  
ST PETERSBURG, FL 33707

**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 \_\_\_\_\_ (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	MGRM CJS CHARITABLE LEAD TRUST 5858 CENTRAL AVE. ST PETERSBURG, FL 33707
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHER, JESSICA L 5858 CENTRAL AVE. ST PETERSBURG, FL 33707
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHER, ALISON B 5858 CENTRAL AVE. ST PETERSBURG, FL 33707
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SHER, STACY E 5858 CENTRAL AVE. ST PETERSBURG, FL 33707
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: CRAIG H. SHER Date: 4-24-07 Daytime Phone #: 727-384-6000