


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 17, 2007 8:00 am**  
**Secretary of State**

07-17-2007 90007 032 \*\*\*\*50.00

<b>DOCUMENT # L05000122860</b> 1. Entity Name REYNOLDS FAMILY, LLC	
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Principal Place of Business 11126 WIRT ROAD SAN ANTONIO, FL 33576	Mailing Address P.O. BOX 536 SAN ANTONIO, FL 33576
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**DO NOT WRITE IN THIS SPACE**

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07042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	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

REYNOLDS, CORNELIA J  
11126 WIRT ROAD  
SAN ANTONIO, FL 33576

**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 September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REYNOLDS, PATRICIA M 11126 WIRT ROAD SAN ANTONIO, FL 33576
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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:**  **7/17/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #