

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 23, 2007 8:00 am
Secretary of State

02-15-2007 90277 013 ****55.00

DOCUMENT # L05000646343 1. Entity Name FAMILY, L.L.C.					
Principal Place of Business 5940 STRAWBERRY LAKES CIRCLE LAKE WORTH FL 33463			Mailing Address 5940 STRAWBERRY LAKES CIRCLE LAKE WORTH FL 33463		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 61-1524464	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent STANLEY, JOE 5940 STRAWBERRY LAKES CIRCLE LAKE WORTH FL 33463				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City- FL Zip Code	
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 notary public to file and file a declaration. (NOTE: Registered Agent signature required when transferring.) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR STANLEY, JOE 5940 STRAWBERRY LAKES CIRCLE LAKE WORTH FL 33463	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR STANLEY, ELAINE 5940 STRAWBERRY LAKES CIRCLE LAKE WORTH FL 33463	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Joe Stanley</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: <i>Feb 6, 2007</i> 561 Phone: <i>351-0949</i>		