2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000016343

1. Entity Name
FAMILY, L.L.C.

Principal Place of Business	Mailing Address
5940 STRAWBERRY LAKES CIRCLE LAKE WORTH, FL 33463	5940 STRAWBERRY LAKES CIRCLE LAKE WORTH, FL 33463

DO NOT WRITE IN THIS SPACE

04022008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
61-1524464	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

STANLEY, JOE
5940 STRAWBERRY LAKES CIRCLE
LAKE WORTH, FL 33463

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

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	STANLEY, JOE
STREET ADDRESS	5940 STRAWBERRY LAKES CIRCLE
CITY-ST-ZIP	LAKE WORTH, FL 33463
TITLE	MGR
NAME	STANLEY, ELAINE
STREET ADDRESS	5940 STRAWBERRY LAKES CIRCLE
CITY-ST-ZIP	LAKE WORTH, FL 33463
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000894625
04/24/08-80034-011 138.75

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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: _Joseph Stanley_ JOSEPH STANLEY   4/10/08   561-351-0949

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