

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000033216

FILED  
Jun 05, 2007  
Secretary of State

**Entity Name:** LEW FAMILY MANAGEMENT, LLC

**Current Principal Place of Business:**

5201 BANANA POINT DRIVE  
OKAHUMPKA, FL 34762 US

**New Principal Place of Business:**

**Current Mailing Address:**

5201 BANANA POINT DRIVE  
OKAHUMPKA, FL 34762 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

LEW, JUNE K  
5201 BANANA POINT DRIVE  
OKAHUMPKA, FL 34762 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DAVID C. LEW REVOCAB, LE TRUST  
Address: 5201 BANANA POINT DRIVE  
City-St-Zip: OKAHUMPKA, FL 34762 US

Title: MGRM ( ) Delete  
Name: JUNE K. LEW REVOCABL, E TRUST  
Address: 5201 BANANA POINT DRIVE  
City-St-Zip: OKAHUMPKA, FL 34762 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JUNE K LEW

MRS

06/05/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date