

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000060594

FILED  
Jan 08, 2007  
Secretary of State

Entity Name: FRIENDS & FAMILY, LLC

**Current Principal Place of Business:**

2500 PARKRIDGE DR.  
NAVARRE, FL 32566

**New Principal Place of Business:**

**Current Mailing Address:**

2500 PARKRIDGE DR.  
NAVARRE, FL 32566

**New Mailing Address:**

FEI Number: 56-2593631

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COLONEL (MCWATERS), NICOLE  
2500 PARKRIDGE DR.  
NAVARRE, FL 32566 US

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

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: EVANS, GILBERT  
Address: 157 MAGNOLIA AVE.  
City-St-Zip: FREEPORT, FL 32439

Title: MGRM ( ) Delete  
Name: EVANS, DEBI  
Address: 157 MAGNOLIA AVE.  
City-St-Zip: FREEPORT, FL 32439

Title: MGRM ( ) Delete  
Name: CAIN, BR  
Address: 21926 LAKEVIEW DRIVE  
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: MGRM ( ) Delete  
Name: CAIN, ALICE  
Address: 21926 LAKEVIEW DRIVE  
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: MGRM ( ) Delete  
Name: MCWATERS, LARRY  
Address: 2500 PARKRIDGE DR.  
City-St-Zip: NAVARRE, FL 32566

Title: MGRM ( ) Delete  
Name: COLONEL (MCWATERS), NICOLE  
Address: 2500 PARKRIDGE DR.  
City-St-Zip: NAVARRE, FL 32566

**ADDITIONS/CHANGES:**

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

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

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

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

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 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: NICOLE MCWATERS

MGRM

01/08/2007

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