

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000074643

**FILED**  
**Feb 07, 2008**  
**Secretary of State**

**Entity Name:** ENGLISH FAMILY COMMERCIAL PROPERTIES, LLC

**Current Principal Place of Business:**

8923 LORI LANE  
LAKELAND, FL 33809 US

**New Principal Place of Business:**

**Current Mailing Address:**

8923 LORI LANE  
LAKELAND, FL 33809 US

**New Mailing Address:**

**FEI Number:** 20-5365379      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

VINING, C. GEOFFREY  
129 S KENTUCKY AVENUE  
SUITE 702  
LAKELAND, FL 33806 US

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

VINING, C. GEOFFREY  
1611 HARDEN BLVD.  
LAKELAND, FL 33803 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: C. GEOFFREY VINING

02/07/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ENGLISH, C. J. III  
Address: 8923 LORI LANE  
City-St-Zip: LAKELAND, FL 33809

Title: MGRM ( ) Delete  
Name: ENGLISH, PAMELA  
Address: 8923 LORI LANE  
City-St-Zip: LAKELAND, FL 33809

**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: C. J. ENGLISH, III

MGRM

02/07/2008

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