

# 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**DOCUMENT # L06000096163**

1. Entity Name  
**TERRY FAMILY, LLC**



**FILED**  
07 SEP 20 PM 1:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>805 WESTWOOD DR ORMOND BEACH, FL 32174 US</b>	Mailing Address <b>805 WESTWOOD DR ORMOND BEACH, FL 32174 US</b>
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2. Principal Place of Business - No P.O. Box # <b>124 Creek Forest Ln.</b>	3. Mailing Address <b>124 Creek Forest Ln.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

09162007 Chg-LLC CR2E083 (12/06)

City & State <b>Ormond Beach, Florida</b>	City & State <b>Ormond Beach, Florida</b>
Zip <b>32174</b>	Country <b>Volusia</b>
Zip <b>32174</b>	Country <b>Volusia</b>

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>TERRY, FREDERICK 805 WESTWOOD DR ORMOND BEACH, FL 32174</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City <span style="float: right;"><b>FL</b></span> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Amended AR is \$50.00**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TERRY, FREDERICK 805 WESTWOOD DR ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Terry, Frederick 124 Creek Forest Ln. Ormond Beach, Florida 32174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TERRY, PATRICIA 805 WESTWOOD DR ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Terry., Patricia 124 Creek Forest, Ln. ORMOND BEACH, Florida 32174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Terry, Stewart 5205 Park Shawnee, Kansas 66216 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Terry, Frederick III 1755 47th Ave San Francisco, CA. 94122 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **Frederick Terry, MGR**      09-17-07      386 615 2104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Day/Time Phone #