


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 22, 2008 8:00 am**  
**Secretary of State**

02-22-2008 90038 024 \*\*\*143.75

<b>DOCUMENT # L06000097525</b>	
1. Entity Name <b>FEATHERMAN FAMILY PROPERTIES, L.L.C.</b>	

Principal Place of Business <b>5122 KESTRAL PARKWAY SOUTH SARASOTA, FL 34231</b>	Mailing Address <b>5122 KESTRAL PARKWAY SOUTH SARASOTA, FL 34231</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01232008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-5692125</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>SAVARY, JOHNSON S SR. 1671 SOUTH DRIVE SARASOTA, FL 34239</b>	
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7. Name and Address of New Registered Agent	
Name <b>DONALD O. FEATHERMAN</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>5122 KESTRAL PARKWAY S.</b>	
City <b>SARASOTA</b>	Zip Code <b>FL 34231</b>

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 <b>DONALD O. FEATHERMAN</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<b>Donald O. Featherman</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>
	DATE <b>FEB 20, 2008</b>

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FEATHERMAN, DONALD O 5122 KESTRAL PKWY S SARASOTA, FL 34231 <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	MGR FEATHERMAN, SUSAN 5122 KESTRAL PKWY S SARASOTA, FL 34231 <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
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
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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 688, Florida Statutes.	
<b>DONALD O. FEATHERMAN</b> <b>SUSAN S. FEATHERMAN</b> SIGNATURE:	<b>Donald O. Featherman</b> <b>Susan S. Featherman</b> 2/20/08 941-923-2650 2/20/08 941-923-2650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	