


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90066 050 \*\*\*138.75

<b>DOCUMENT # L06000100317</b>	
1. Entity Name <b>FRIENDS OF MILITARY FAMILIES, LLC</b>	

Principal Place of Business <b>9927 DELANEY LAKE DR. TAMPA, FL 33619</b>	Mailing Address <b>9927 DELANEY LAKE DR. TAMPA, FL 33619</b>
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**60005143**



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

01182008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-5715609</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>WEINSTEIN, DAVID B 625 E. TWIGGS STREET SUITE 100 TAMPA, FL 33602</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <b>MGR</b>	<input type="checkbox"/> Delete	TITLE <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KEHLER, NANCY</b>		NAME	
STREET ADDRESS <b>2418 FLORIDA KEYS AVENUE, BUILDING 102</b>		STREET ADDRESS	
CITY-ST-ZIP <b>MACDILL AIR FORCE BASE, FL 33621</b>		CITY-ST-ZIP	
TITLE <b>MGR</b>	<input type="checkbox"/> Delete	TITLE <b>Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MILLIRON, ALLEN</b>		NAME	
STREET ADDRESS <b>9927 DELANEY LAKE DR.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>TAMPA, FL 33619</b>		CITY-ST-ZIP	
TITLE <b>MGR</b>	<input type="checkbox"/> Delete	TITLE <b>Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RICHARDS, DAVE</b>		NAME	
STREET ADDRESS <b>9927 DELANEY LAKE DR.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>TAMPA, FL 33619</b>		CITY-ST-ZIP	
TITLE <b>MGR</b>	<input type="checkbox"/> Delete	TITLE <b>Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GRIFFIN, BETH</b>		NAME	
STREET ADDRESS <b>9927 DELANEY LAKE DR.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>TAMPA, FL 33619</b>		CITY-ST-ZIP	
TITLE <b>MGR</b>	<input type="checkbox"/> Delete	TITLE <b>Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BRASWELL, KIM</b>		NAME	
STREET ADDRESS <b>9927 DELANEY LAKE DR.</b>		STREET ADDRESS	
CITY-ST-ZIP <b>TAMPA, FL 33619</b>		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:** Elizabeth D Griffin **1-24-08 (813) 837-2451 x2555**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #