2007 LIMITED LIABILITY COMPANY . ANNUAL REPORT (AF)

FILED
Mar 27, 2007 8:00 am
Secretary of State

1. Entity Name LAYMAN FAMILY ENTERPRISES, LLC				03-05-2007 90282 029 ****50.00
Principal Place of Business		Mailing Address	<u> </u>	
3850 VICKERS LAKE JACKSONVILLE FL 32224		3850 VICKERS LAKE JACKSONVILLE FL 32	2224	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		(194191) SH STITE SING SBILL
Suite, Apt. 4, etc.		Suite, Apt. #, etc.		1st MOORE CR2E083 (10/06)
City & Stato		City & State		4. FEI Numbor 366 7672 Applied For Not Applied bio
Zip	Country	Zip	Country	5. Certificate of Status Desirod
Name and Address of Current Registered Agent			Namo	7. Name and Address of New Registered Agent
LAY 385	YMAN, CARL 50 VICKERS LAKE		Street Addres	sa (P.O. Box Number is Not Acceptable)
JĀC	CKSONVILLE FL 32224			
			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 Squature, typed of printing here of registered agent and talls it applicable. (NOTE Registered Agent applicable reduced when relief stationing) CATE				
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007				
9.	MÁNAGING MEMBE		10,	ADDITIONS/CHANGES
HAME SIREET ADDRESS CITY-SE-7IP	MGR LAYMAN, CARL 3850 VICKERS LAKE JACKSONVILLE FL 32224	☐ Delete	HITE NAME SIRLETADDRESS - CITY-SI-ZIP	☐ Change ☐ AddiHon
TITLE MANIL STREET ADDRESS CITY - ST-ZIP		☐ Delete	NAML STREET ADDRESS CITY-SF-ZP	☐ Change ☐ Addition
NAME SIRECT ADDRESS CITY-SI-7IP		☐ Delete	NAME STREET ADDRESS CITY - ST-7/P	☐ Change ☐ Addition -
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	INILE NATAL STREET ADDRESS CITY-SI-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CIPY-ST-ZIP		☐ Colde	HTLE NAME STREET ADDRESS CITY SE-ZIP	Change Addition
TIFLE NAME STRECT ADDRESS CITY+S1-ZIP		☐ Celeie	THIT, NAM STRILLFADDRESS CITY-S1 ZIP	☐ Change ☐ Addition
11. I heroby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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: ARL LAVIMAN JJJJJ				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAM HANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE One Dayline Prome 4				