


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 31, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90343 025 \*\*\*\*50.00

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <b>DOCUMENT # L06000122330</b>   |  |   |  |         |  |
| 1. Entity Name<br>HOWARD FAMILY VENTURES, L.L.C.   |  |   |  |  |  |
| Principal Place of Business<br>13200 MCCORMICK DRIVE<br>TAMPA, FL 33626  |  | Mailing Address<br>13200 MCCORMICK DRIVE<br>TAMPA, FL 33626 |  |  |  |
| 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  | 4. FEI Number<br><b>20-8366128</b>   |  |
|  |  |   |  | Applied For<br>Not Applicable  |  |
|  |  |   |  | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent  |  |   | 7. Name and Address of New Registered Agent  |  |  |
| ALTON K. CATES, JR., CPA, P.A.<br>13200 MCCORMICK DRIVE<br>TAMPA, FL 33626   |  |   | 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |   |  |  |  |
| Filing Fee is \$50.00<br>Due by May 1, 2007  |  |   |  | Make check payable to<br>Florida Department of State                                     |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |   | 10. ADDITIONS/CHANGES  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>HOWARD, FAYE R<br>17504 PATTERSON ROAD<br>ODESSA, FL 33556 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP              | Managing Member<br>Howard, Faye R<br>17504 Patterson Rd<br>Odessa, FL 33556 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP              | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP              | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP              | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP              | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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 606, Florida Statutes. |  |   |  |  |  |
| SIGNATURE: <u>Faye R. Howard</u>   |  |   | Date: <u>4-30-07</u> 813-852-1705  |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |  |   | <small>Date Daytime Phone #</small>  |  |  |

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