

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000122330

FILED  
Jul 11, 2008  
Secretary of State

**Entity Name:** HOWARD FAMILY VENTURES, L.L.C.

**Current Principal Place of Business:**

13200 MCCORMICK DRIVE  
TAMPA, FL 33626

**New Principal Place of Business:**

17504 PATTERSON ROAD  
ODESSA, FL 33556

**Current Mailing Address:**

13200 MCCORMICK DRIVE  
TAMPA, FL 33626

**New Mailing Address:**

13059 W LINEBAUGH AVE  
102  
TAMPA, FL 33626

FEI Number: 20-8366128      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ALTON K. CATES, JR., CPA, P.A.  
13200 MCCORMICK DRIVE  
TAMPA, FL 33626 US

**Name and Address of New Registered Agent:**

ALTON K. CATES, JR., CPA, P.A.  
13059 W LINEBAUGH AVE  
102  
TAMPA, FL 33626 US

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.

SIGNATURE: ALTON K CATES JR

07/11/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: HOWARD, FAYE R  
Address: 17504 PATTERSON ROAD  
City-St-Zip: ODESSA, FL 33556

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FAYE HOWARD

MGR

07/11/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date