

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000008454

FILED
Feb 03, 2009
Secretary of State

Entity Name: PLAN B FAMILY INVESTMENTS, LLC

Current Principal Place of Business:

304 KINGSLEY LAKE DRIVE
SUITE 601
ST. AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

304 KINGSLEY LAKE DRIVE
SUITE 601
ST. AUGUSTINE, FL 32092

New Mailing Address:

FEI Number: 20-8291553

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIFFIN, ILISA
304 KINGSLEY LAKE DRIVE
SUITE 601
SAINT AUGUSTINE, FL 32092 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VESPI, ANGELO
Address: 304 KINGSLEY LAKE DRIVE, SUITE 601
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: MGRM () Delete
Name: VESPI, JENNIFER
Address: 304 KINGSLEY LAKE DRIVE, SUITE 601
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: MGRM () Delete
Name: GRIFFIN, BRUCE
Address: 304 KINGSLEY LAKE DRIVE, SUITE 601
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: MGRM () Delete
Name: GRIFFIN, LISA
Address: 304 KINGSLEY LAKE DRIVE, SUITE 601
City-St-Zip: ST. AUGUSTINE, FL 32092

ADDITIONS/CHANGES:

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

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

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

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: ILISA GRIFFIN

MGRM

02/03/2009

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