

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

01-18-2008 90018 020 \*\*\*138.75

<b>DOCUMENT # L07000025671</b> 1. Entity Name <b>DELOACH FAMILY INVESTMENTS, LLC</b>					
Principal Place of Business <b>% VIRGINIA L. DELOACH</b> <b>39 35TH AVENUE, SOUTH</b> <b>JACKSONVILLE BEACH, FL 32250</b>			Mailing Address <b>% VIRGINIA L. DELOACH</b> <b>39 35TH AVENUE, SOUTH</b> <b>JACKSONVILLE BEACH, FL 32250</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
4. FEI Number <b>26-2178678</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				01142008    Chg-LLC    CR2E083 (12/06)	
6. Name and Address of Current Registered Agent  <b>AKEL, EDWARD C</b> <b>ONE INDEPENDENT DRIVE, SUITE 2301</b> <b>JACKSONVILLE, FL 32202</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DELOACH, VIRGINIA L 39 35TH AVENUE, SOUTH JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DELOACH, RANDALL P 59 34TH AVENUE, SOUTH JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DELOACH, MICHAEL G 32ND SOUTH 32ND AVE. JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DELOACH, TERRELL L 405 SOUTH 32ND AVE. JACKSONVILLE BEACH, FL 32250	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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 608, Florida Statutes.					
SIGNATURE: <i>Randall P. DeLoach</i> <b>RANDALL P. DELOACH</b>		1-904-422-2316 1-904-249-0619			

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