2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# L07000084814

Entity Name: FISHER FAMILY L.L.C.

Current Principal Place of Business:

5910 W CINNAMON RIDGE DRIVE
HOMOSASSA, FL 34448

New Principal Place of Business:

Current Mailing Address:

5910 W CINNAMON RIDGE DRIVE
HOMOSASSA, FL 34448

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FISHER, CAROLE C
5910 W CINNAMON RIDGE DRIVE
HOMOSASSA, FL 34448 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:	FISHER, CAROLE C	
Address:	5910 W CINNAMON RIDGE ROAD	
City-St-Zip:	HOMOSASSA, FL 34448	
Title:	MGRM	( ) Delete
Name:	FISHER, KELLY D	
Address:	1125 E ROHE STREET, STE A	
City-St-Zip:	TARPON SPRINGS, FL 34689	
Title:	MGRM	(X) Delete
Name:	BUCK, JOHN E	
Address:	1125 E ROHE STREET, STE A	
City-St-Zip:	TARPON SPRINGS, FL 34689	
Title:	MGR	(X) Delete
Name:	FISHER, JULIE P	
Address:	10118 SW 223 TERR	
City-St-Zip:	CUTLER BAY, FL 33190	
Title:	MGR	(X) Delete
Name:	FISHER, MELVIN C II	
Address:	5910 W CINNAMON RIDGE ROAD	
City-St-Zip:	TARPON SPRINGS, FL 34448	
Title:	MGR	(X) Delete
Name:	FISHER, KEITH A	
Address:	5910 W CINNAMON RIDGE ROAD	
City-St-Zip:	HOMOSASSA, FL 34448	

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:	
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: KELLY D. FISHER MGRM 04/29/2008

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