

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000089144

Entity Name: A FAMILY UNITED,LLC

FILED
May 03, 2008
Secretary of State

Current Principal Place of Business:

82 1ST AVE
SHALIMAR, FLORIDA, 32579

New Principal Place of Business:

772 JOHN SIMS
NICEVILLE, FL 32578

Current Mailing Address:

82 1ST AVE
SHALIMAR, FLORIDA, 32579

New Mailing Address:

772 JOHN SIMS
NICEVILLE, FL 32578

FEI Number: 26-1074066

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOWAK, BEVERLY
82 1ST AVE
SHALIMAR, FL 32579 US

Name and Address of New Registered Agent:

ZIEGENHORN, ANNE
1 COUNTRY CLUB CT
SHALIMAR, FL 32579 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: ANNE ZIEGENHORN

05/03/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WOWAK, BEVERLY
Address: 82 1ST AVE
City-St-Zip: SHALIMAR, FL 32579

Title: MGRM () Delete
Name: GUDSON, MICHAEL
Address: 96 ROBERTS
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGRM () Delete
Name: GUDSON, GREGORY
Address: 145 LEMONGOLD
City-St-Zip: HENDERSON, NV 89012

Title: MGRM () Delete
Name: GUDSON, RAYMOND
Address: 11514 MONTAUK
City-St-Zip: SAN ANTONIO, TX 78251

Title: MGRM () Delete
Name: DAY, BERNADETTE
Address: 82 1ST AVE
City-St-Zip: SHALIMAR, FL 32579

Title: MGRM () Delete
Name: ZIEGENHORN, ANNE
Address: 1 COUNTRY CLUB COURT
City-St-Zip: SHALIMAR, FL 32579

ADDITIONS/CHANGES:

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

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

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

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

Title: () Change () Addition
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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: ANNE ZIEGENHORN

MGRM

05/03/2008

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