2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2008
Secretary of State

DOCUMENT# L07000114832

Entity Name: MINOT FAMILY PROPERTIES, L.L.C.

Current Principal Place of Business:

319 RIVEREDGE BLVD. STE 218
COCOA, FL 32922

New Principal Place of Business:

Current Mailing Address:

319 RIVEREDGE BLVD. STE 218
COCOA, FL 32922

New Mailing Address:

FEI Number: 26-1548883 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MINOT, MICHAEL S ESQ
319 RIVEREDGE BLVD. STE 218
COCOA, FL 32922 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:	MGR	( ) Delete
Name:	MINOT, JOHN	
Address:	1401 GLENEAGLES CIRCLE	
City-St-Zip:	ROCKLEDGE, FL 32955	
Title:	MGR	( ) Delete
Name:	MINOT, LAURA J	
Address:	1401 GLENEAGLES CIRCLE	
City-St-Zip:	ROCKLEDGE, FL 32955	
Title:	MGR	( ) Delete
Name:	MINOT, MICHAEL S	
Address:	319 RIVEREDGE BLVD. STE 218	
City-St-Zip:	COCOA, FL 32922	

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:	

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: MICHAEL S MINOT MGRM 04/08/2008

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