2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L08000046709

Entity Name: MACHUGA FAMILY, LLC

Current Principal Place of Business:

1554 BOREN DRIVE
SUITE 300
OCOEE, FL 34761

New Principal Place of Business:

Current Mailing Address:

1554 BOREN DRIVE
SUITE 300
OCOEE, FL 34761 US

New Mailing Address:

FEI Number: 26-2573126 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KANE, STEVEN H
557 N. WYMORE ROAD
SUITE 100
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

MARK, MACHUGA T
1554 BOREN DR, #300
SUITE 300
OCOEE, FL 34761 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: MARK T. MACHUGA 04/30/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGMR ( ) Delete
Name: MACHUGA, MARK T
Address: 2235 LAKE NALLY WOODS DRIVE
City-St-Zip: GOTHA, FL 34734 US

Title: MGMR ( ) Delete
Name: MACHUGA, STACEY
Address: 2235 LAKE NALLY WOODS DRIVE
City-St-Zip: GOTHA, FL 34734 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MACHUGA, MARK T
Address: 2235 LAKE NALLY WOODS DRIVE
City-St-Zip: GOTHA, FL 34734 US

Title: MGRM (X) Change ( ) Addition
Name: MACHUGA, STACY
Address: 2235 LAKE NALLY WOODS DRIVE
City-St-Zip: GOTHA, FL 34734 US

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: MARK T. MACHUGA MGRM 04/30/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date