2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# L08000083249

Entity Name: SECURITY FAMILY FUND, LLC

Current Principal Place of Business:

1869 EMERALD COVE BLVD
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

1869 EMERALD COVE BLVD
APOPKA, FL 32712

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BUGGS, TROD O
1869 EMERALD COVE BLVD
APOPKA, FL 32712 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:	BUGGS, TROD O
Address:	1869 EMERALD COVE BLVD
City-St-Zip:	APOPKA, FL 32712
Title:	MGR ( ) Delete
Name:	CROSKEY, PERNELL E
Address:	1720 NEWTON STREET
City-St-Zip:	ORLANDO, FL 32805
Title:	MGRM ( ) Delete
Name:	TEASLEY, ANDREA
Address:	1933 BRUTON BLVD
City-St-Zip:	ORLANDO, FL 32805
Title:	MGRM ( ) Delete
Name:	BARTON, SANDY H
Address:	434 WOODCREST STREET
City-St-Zip:	WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	MGR (X) Change ( ) Addition
Name:	CROSKEY, PERNELL E
Address:	457 SCARLATTI COURT
City-St-Zip:	OCOEE, FL 34761
Title:	MGRM (X) Change ( ) Addition
Name:	TEASLEY, ANDREA
Address:	8332 BAYWOOD VISTA DRIVE
City-St-Zip:	ORLANDO, FL 32810
Title:	MGRM (X) Change ( ) Addition
Name:	POLLARD, SOPHIA R
Address:	5506 BLUE TICK DR
City-St-Zip:	ORLANDO, FL 32810

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: TROD O. BUGGS MGRM 05/01/2009

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