2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000097065

Entity Name: MONTGOMERY FAMILY INVESTMENTS LLC

435 N OCEAN GRANDE DRIVE #102

PONTE VEDRA BEACH, FL 32082

Address:

City-St-Zip:

FILED Jan 20, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
	THEAST 41ST STREET USE POINT, FL 33064			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
	THEAST 41ST STREET USE POINT, FL 33064			
FEI Number	: FEI Number Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and	Address of Current Registered Agent:	Name and Address o	f New Registered Agent:	
2731 NOR LIGHTHO	HAM, GAYLE M THEAST 41ST STREET USE POINT, FL 33064 US named entity submits this statement for the	ne purpose of changing its registered	d office or registered agent, or both	
	e of Florida. 			
SIGNATU	RE:			
	Electronic Signature of Registered	Agent	Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () Delete WINNINGHAM, GAYLE M 2731 NORTHEAST 41ST STREET LIGHTHOUSE POINT, FL 33064	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete STANSBURY, LYNN M 1581 SKY CREST DRIVE LITHIA SPRINGS, GA 30057	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGRM () Delete MCCARTHY, LISA M 250 MILEHAM DRIVE ORLANDO, FL 32835	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name:	MGRM () Delete MONTGOMERY, MARK A	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: GAYLE WINNINGHAM MM 01/20/2009