

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000104803

**Entity Name:** HASKELL FAMILY INCOME FUND, LLC

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

111 RIVERSIDE AVE  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**  
111 RIVERSIDE AVE  
JACKSONVILLE, FL 32202

**New Mailing Address:**

**FEI Number:** 26-3699837      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RAX CO.  
50 NORTH LAURA STREET SUITE 3300  
JACKSONVILLE, FL 32202 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  
Name: HASKELL, PRESTON H III  
Address: 111 RIVERSIDE AVENUE  
City-St-Zip: JACKSONVILLE, FL 32202 US

I hereby 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: PRESTON H. HASKELL, III

MGR

01/06/2011

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