2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M00000000095

1. Entity Name
DOUGLAS FAMILY L.L.C.

Principal Place of Business	Mailing Address
6700 EPPING FOREST WAY N VILLA 101 JACKSONVILLE, FL 32217	6730 EPPING FOREST WAY N VILLA 101 JACKSONVILLE, FL 32217

24044145

2. Principal Place of Business 6730 Epping Forest Way, North	3. Mailing Address	
Suite, Apt. #, etc. Villa 101	Suite, Apt. #, etc.	
City & State Jacksonville, FL 32217	City & State	

03262004   Chg-LLC   CR2E083 (10/03)

Zip	Country	Zip	Country			4. FEI Number 59-3614572	Applied For Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BLACKBURN, DENNIS L
6620 SOUTHPOINT DR. SOUTH, STE. 200
SOUTHPOINT BUILDING
JACKSONVILLE, FL 32216

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE MGRM NAME DOUGLAS, T. O'NEAL STREET ADDRESS 6730 EPPING FOREST WAY N VILLA 104 CITY-ST-ZIP JACKSONVILLE, FL 32217	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE MGRM NAME DOUGLAS, ALICE B STREET ADDRESS 6730 EPPING FOREST WAY N VILLA 104 CITY-ST-ZIP JACKSONVILLE, FL 32217	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____   4/10/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #