


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # M00000000095 1. Entity Name DOUGLAS FAMILY L.L.C.	
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Principal Place of Business 6730 EPPING FOREST WAY N. VILLA 101 JACKSONVILLE, FL 32217	Mailing Address 6730 EPPING FOREST WAY N. VILLA 101 JACKSONVILLE, FL 32217
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03182005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3614572	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2005**

1111100282598
03/31/05-80053-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM DOUGLAS, T. O'NEAL 6730 EPPING FOREST WAY N VILLA 104 JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM DOUGLAS, ALICE B 6730 EPPING FOREST WAY N VILLA 104 JACKSONVILLE, FL 32217
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IN THIS SPACE**

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 *T. O'Neal*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/29/05 904-737-1894
Date Daytime Phone #