## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

ANNUAL KEPUKI				Mar 31, 2005 08:00
DOCUMENT # M0000000095				Secretary of State
DOUGLAS FAMILY L.L.C.				
Principal Plac	ce of Business	Mailing Address	<u> </u>	
1	IG FOREST WA'N,	6730 EPPING FOREST WA N.		
VILLA 101		VILLA 101	l	
JACKSONVILLE, FL 32217 JACKSONVILLE, FL 32217			A SURFAMBLE TO UNITE AREA CONTACT OF THE RULE WHILE UNITE DUTTE UNITE UNITE CONTACT OF THE CONTA	
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			<b>UL</b>	4. FEI Number Applied For 59-3614572 Not Applied For
				5. Certificate of Status Desired   \$5.00 Additional
6. Name and Address of Current Registered Agent				Fee Required
BLACKBI	IDNI DENNIIS I			
BLACKBURN, DENNIS L 6620 SOUTHPOINT DR. SOUTH, STE. 200				<b>₩DO NOT WRITE</b>
SOUTHPOINT BUILDING JACKSONVILLE, FL 32216				IN THIS SPACE
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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 little if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE				
Filing Fee is \$50.00			03/31/05-80053-008 50.00	
Due by May 1, 2005			03/31/03 00033 000 30:00	
9.	MANAGING MEMBER	S/MANAGERS		and the second second
TITLE NAME	MGRM DOUGLAS, Ť. O'NEAL			
STREET ADDRESS	6730 EPPING FOREST WAY N V	ILLA 104		
CITY-ST-ZIP	JACKSONVILLE, FL 32217	······································		
TITLE	MGRM		A.T. 535086	
NAME	DOUGLAS, ALICE B	111 1 101	AND THE PROPERTY OF THE PROPER	Control of the Contro
STREET ADDRESS CITY-ST-ZIP	6730 EPPING FOREST WAY N V JACKSONVILLE, FL 32217	ILLA 104		14.
TITLE				200
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TITLE	<u> </u>	grante at		
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STREET ADDRESS				The state of the s
CITY-ST-ZIP				

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 in stee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE X SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3/29/05 904-237-1894 VE Date Davime Proce 4