2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # M00000000626

1. Entity Name
J & C FOX FAMILY, LLC

Principal Place of Business	Mailing Address
JOEL S. FOX 4220 N.E. 25TH AVE. FORT LAUDERDALE, FL 33308-5707	JOEL S. FOX 4220 N.E. 25TH AVE. FORT LAUDERDALE, FL 33308-5707

DO NOT WRITE IN THIS SPACE

01152006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
65-0996911
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FOX, JOEL S
4220 N.E. 25TH AVE.
FT. LAUDERDALE, FL 33308-5707

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

Filing Fee is $50.00
Due by May 1, 2006

000000401494
02/02/06-80047-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	PRES
NAME	FOX, JOEL S
STREET ADDRESS	4220 S.W. 25TH AVE.
CITY-ST-ZIP	FORT LAUDERDALE, FL 333085707
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 605, Florida Statutes.

SIGNATURE: Leamilla Fox 1/20/06 954-565-049?
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #