


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90250 028 \*\*\*\*50.00

<b>DOCUMENT # M02000002499</b>	
1. Entity Name <b>FAMILY MANAGEMENT, L.L.C.</b>	

Principal Place of Business <b>4540 HWY. 67 SOUTH FLORENCE CO 81226</b>	Mailing Address <b>4540 HWY. 67 SOUTH FLORENCE CO 81226</b>
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2. Principal Place of Business <b>712 E. MAIN</b>	3. Mailing Address <b>712 E. MAIN</b>
Suite, Apt. #, etc. <b>#2</b>	Suite, Apt. #, etc. <b>#2</b>

City & State <b>FLORENCE CO.</b>	City & State <b>FLORENCE CO.</b>
Zip <b>81226</b>	Zip <b>81226</b>
Country	Country

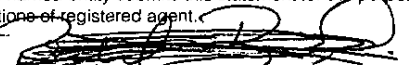
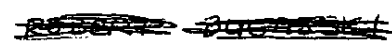


☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent <b>CHRISTIAN, GARY I 3100 UNIVERSITY BLVD. S, STE. 101 JACKSONVILLE FL 32216</b>	
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4. FEI Number <b>84-1415195</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

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 	DATE 
(NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$50.00</b>	
<b>Make Check Payable to Florida Department of State</b>	
<b>Due By May 1, 2003</b>	

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BUGAJSKI, KRZYSZTOF 712 E. MAIN STREET, #2 FLORENCE CO 81226</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BUGAJSKI, ROBERT 712 E. MAIN STREET, #2 FLORENCE CO 81226</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BUGAJSKI, MARIA K 712 E. MAIN STREET, #2 FLORENCE CO 81226</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BUGAJSKI, MARIUSZ 712 E. MAIN STREET, #2 FLORENCE CO 81226</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	<b>ROBERT BUGAJSKI</b>	Date <b>1-10-03</b>	Daytime Phone # <b>719-429-2641</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

CR2E083 (10/02)