

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**


**FILED**  
**Apr 17, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # L06000073308  
 1. Entity Name  
 COLDFOOT ALABAMA PROPERTIES, LLC



Principal Place of Business      Mailing Address  
 20 HILL AVENUE NORTHWEST      20 HILL AVENUE NORTHWEST  
 FT. WALTON BEACH, FL 32548      FT. WALTON BEACH, FL 32548

**DO NOT WRITE IN THIS SPACE**



04102008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number 20-5260351	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 COOK, KENNETH R  
 20 HILL AVENUE NORTHWEST  
 FT. WALTON BEACH, FL 32548  
 I.

**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 reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

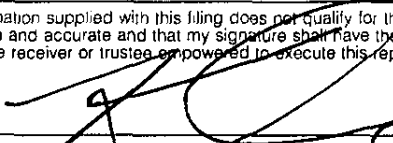
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COOK, KENNETH R 20 HILL AVE FORT WALTON BEACH, FL 32548
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U00000301010  
 04/29/08-80084-017 138.75

**DO NOT WRITE IN THIS SPACE**

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 608, Florida Statutes.

SIGNATURE:       4-11-08      850 2442066  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #