

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000031655

Entity Name: TOPGUN ONE, LLC

FILED
Apr 11, 2007
Secretary of State

Current Principal Place of Business:

889 CABANISS CRESCENT
PENSACOLA, FL 32508

New Principal Place of Business:

4051 G BARRANCAS AVE PMB 312
PENSACOLA, FL 32507

Current Mailing Address:

889 CABANISS CRESCENT
PENSACOLA, FL 32508

New Mailing Address:

4051 G BARRANCAS AVE PMB 312
PENSACOLA, FL 32507

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, THEODORE S
889 CABANISS CRESCENT
PENSACOLA, FL 32508 US

Name and Address of New Registered Agent:

JOHNSON, THEODORE S MANAGER
4051 G BARRANCAS AVE PMB 312
PENSACOLA, FL 32507 US

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.

SIGNATURE: THEODORE S JOHNSON, MANAGER
Electronic Signature of Registered Agent

04/11/2007
Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: JOHNSON, THEODORE S MANAGER
Address: 4051 G BARRANCAS AVE PMB 312
City-St-Zip: PENSACOLA, FL 32507 US

Title: MGR () Change (X) Addition
Name: JOHNSON, ELIZABETH J MANAGER
Address: 4051 G BARRANCAS AVE PMB 312
City-St-Zip: PENSACOLA, FL 32507 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ELIZABETH J. JOHNSON, MANAGER MGR 04/11/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date