2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUN 1. Entity Name CAPTAIN)	# L01000001	336							FILED P21 PM 3:01		
Principal Place 7293 CAPTAI PENSACOLA,	N KIDD REE		Mailing Address 7293 CAPTAIN KIDD REEF PENSACOLA, FL 32507			SECRETARY OF STATE TALLAHASSEE. FLORIDA						
2. Principal Pl	Cast	ess - No P.O. Box #	3. Mailing Address 7263 Captain Kidd Recf Suite, Apt. #, etc.			07122007	Chg-LLC	CR2E	OB3 (12/06)			
Penson	3/0	下 し	Pensacola FL			·	4. FEI Numb			1	Applicable	
^{Zip} 3250		Country	_ Zip	Zip Count		5. Certificate		e of Status Desired	• 💢	\$5.00 Addi Fee Required		
		and Address of Current		Name			7. Name and Address of New Registered Agent					
DAVENPO 7293 CAPT PENSACO	RT, ALISC F AIN KIDE LA, FL 32	on Oreef 1263 C ²⁵⁰⁷	ptain Kidd Reef		Street Address (P.O. Box Number is No.			per is Not Accepta	iot Acceptable)			
					City			F		L 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 Signature, hyped or printed name of registered agent and site if application. (NOTE: Registered Agent signature required when remstating)												
	ing Fee is y Septen	s \$50.00 nber 14, 2007							payable to ment of State	, ·		
9.	MCDM	MANAGING MEMBE		10 .				ADDITIO	VS/CHANGE	S (X) Change	☐ Addition	
TITLE NAME		ORT, JAMES D	☐ Delete	νε.		.	, 23, 77	n C	D Crange			
STREET ADDRESS CITY-ST-ZIP		PTAIN KIDD REEF DLA, FL 32507		eet address 7 -st-zip	Sen Ino	s capto	in Ridd FL	3250°	1			
TITLE	MGRM		☐ Delete	TITL	E		<u> </u>	1		☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	7263 CAF	ORT, ALISON R PTAIN KIDD REEF OLA, FL 32507		EET ADDRESS (-ST-ZIP		į	300 1 99/25/07	-01017-	7995 -014 **	:3 •55.00		
TITLE NAME STREET ADDRESS			☐ Delete	TITL NAA STR		•	• • • • • • • • • • • • • • • • • • • •			(Change	Addition	
CITY-ST-ZIP	•				r-ST-ZIP					F71 PH		
NAME STREET ADDRESS CHY-ST-ZIP			☐ Delete							Change	☐ Addition	
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NAME STREET ADDRESS CITY-ST-ZIP			Dente	NAI Str	1					- -		
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: ALLEM ROUNDE ALISON R. Davenport 9 10 07 (850) 492-2940 SIGNATURE AND TYPED OR PRINTED MANIE OF SIGNING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DELE DRIVET PHONE F												