2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000010260

1. Entity Name

AYLSTOCK, WITKIN AND SASSER, P.L.C.



Principal Place of Business

Mailing Address

55 BAYBRIDGE DRIVE

P 0 BOX 1147

GULF BREEZE, FL 32561 U

GULF BREEZE, FL 32562-1147 US

FILED Jan 17, 2008 8:00 am Secretary of State

01-17-2008 90056 021 ***138.75

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01112008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 59-3727946

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WITKIN, JUSTIN G ESQ. 55 BAYBRIDGE DRIVE GULF.BREEZE, FL 32561

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 | Signature, typed or printed name of registered agent and little if applicable | (NOTE Registered | Agent signature required when reinstating) | DATE |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | | |
| 9. | MANAGING MEMBERS/MANAGERS | | | |
| TITLE | D | | | |
| NAME | AYLSTOCK, BRYAN F | ĺ | | • |
| STREET ADDRESS | 55 BAYBRIDGE DRIVE | , | | |
| CITY-ST-ZIP | GULF BREEZE, FL 32561 | | | |
| TITLE | D | | | |
| NAME | WITKIN, JUSTIN G | | | |
| STREET ADDRESS | 55 BAYBRIDGE DRIVE | ĺ | | |
| CITY-ST-ZIP | GULF BREEZE, FL 32561 | | | |
| TITLE | | | | |
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| STREET ADDRESS | | | חס או | OT WRITE |
| CITY-ST-ZIP | | | | OI WKIIL |
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| STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | | |
| TITLE | | | | |

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:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIV

1/15/08

(850) 202-1010 Dayline Phone #