

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

# FILED

07 FEB 27 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800089575758  
02/27/07--01016--001 \*\*80.00



02272007 Chg-LLC CR2E083 (12/06)

|   |  |
|---|--|
| <b>DOCUMENT # L01000010752</b><br>1. Entity Name<br><b>LANARK MARKET, LLC</b> |  |
|---|--|

|   |   |
|---|---|
| Principal Place of Business<br>2348 HIGHWAY 98 E.<br>CARRABELLE, FL 32322 | Mailing Address<br>2348 HIGHWAY 98 E.<br>CARRABELLE, FL 32322 |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc. | 3. Mailing Address<br><br>Suite, Apt. #, etc. |
|---|---|

|                         |                         |                        |
|-------------------------|-------------------------|------------------------|
| City & State<br><br>Zip | City & State<br><br>Zip | Country<br><br>Country |
|-------------------------|-------------------------|------------------------|

|   |  |
|---|--|
| 4. FEI Number<br><b>59-3729130</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required |  |

|  |  |
|--|--|
| <b>6. Name and Address of Current Registered Agent</b><br><br>LEWIS & WHITE, L.C.<br>222 WEST GEORGIA ST.<br>TALLAHASSEE, FL 32301 | <b>7. Name and Address of New Registered Agent</b><br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <span style="float: right;"><b>FL</b></span> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |  |  |
|---|--|--|
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b> |  | <b>Make check payable to<br/>Florida Department of State</b> |
|---|--|--|

| 9. MANAGING MEMBERS/MANAGERS |                                     | 10. ADDITIONS/CHANGES |   |
|------------------------------|-------------------------------------|-----------------------|---|
| TITLE                        | MGR <input type="checkbox"/> Delete | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         | HOPKINS, A B                        | NAME                  |   |
| STREET ADDRESS               | 2348 HIGHWAY 98 E.                  | STREET ADDRESS        |   |
| CITY-ST-ZIP                  | CARRABELLE, FL 32322                | CITY-ST-ZIP           |   |
| TITLE                        | <input type="checkbox"/> Delete     | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         |                                     | NAME                  |   |
| STREET ADDRESS               |                                     | STREET ADDRESS        |   |
| CITY-ST-ZIP                  |                                     | CITY-ST-ZIP           |   |
| TITLE                        | <input type="checkbox"/> Delete     | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         |                                     | NAME                  |   |
| STREET ADDRESS               |                                     | STREET ADDRESS        |   |
| CITY-ST-ZIP                  |                                     | CITY-ST-ZIP           |   |
| TITLE                        | <input type="checkbox"/> Delete     | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         |                                     | NAME                  |   |
| STREET ADDRESS               |                                     | STREET ADDRESS        |   |
| CITY-ST-ZIP                  |                                     | CITY-ST-ZIP           |   |
| TITLE                        | <input type="checkbox"/> Delete     | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         |                                     | NAME                  |   |
| STREET ADDRESS               |                                     | STREET ADDRESS        |   |
| CITY-ST-ZIP                  |                                     | CITY-ST-ZIP           |   |

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:** *A B Hopkins* 2-27-07 697-4600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #