

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90311 026 ****55.00

DOCUMENT # L02000002146

1. Entity Name
SAFF PROPERTY, L.L.C.



Principal Place of Business
1223 AIRPORT ROAD
DESTIN, FL 32541

Mailing Address
1223 AIRPORT ROAD
DESTIN, FL 32541

60015001



02092007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0552487

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAVENS, JASON E
4400 EAST HIGHWAY 20
SUITE 211
NICEVILLE, FL 32578

**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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CLARY, CHARLES W III
STREET ADDRESS	1223 AIRPORT ROAD
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	MGRM
NAME	BLIMLING, SAMUEL W
STREET ADDRESS	3655 SCENIC HWY 98 701 B
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	MGRM
NAME	BAKER, JACK D
STREET ADDRESS	289 BEACHVIEW DR. NE
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547
TITLE	MGRM
NAME	BALLASCH, PATRICK L
STREET ADDRESS	2441 DUNCAN DR.
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	MGRM
NAME	JOHNSON, ROBERT E
STREET ADDRESS	513 RUE DE MAR SEILLES
CITY-ST-ZIP	MARY ESTHER, FL 32569
TITLE	MGRM
NAME	GODWIN, ROGER T
STREET ADDRESS	22107 MARSH RABBIT RUN
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413

**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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

SAMUEL W. BLIMLING

02.09.07 850.837.8152