2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State **DOCUMENT # L02000023549** 02-24-2005 90106 011 ****50.00 1. Entity Name PULLUM-CECILIO, L.L.C. Principal Place of Business Mailing Address ~UU15640 8494 NAVARRE PARKWAY 8494 NAVARRE PARKWAY NAVARRE, FL 32501 NAVARRE, FL 32501 2. Principal Place of Business 3. Mailing Address ے بینے بینے Suite, Apt. #, etc. Suite, Apt. #, etc. 02092005 Chg-LLC CR2E083 (10/03) Applied For City & State 4. FEI Number City & State 51-0431021 Not Applicable Zip \$5.00 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEUCHTMAN, GARY B Street Address (P.O. Box Number is Not Acceptable) 501 COMMENDENCIA STREET PENSACOLA, FL 32501 City 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, typed or printed name of registered agent and 50e if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. TITLE ☐ Delete TITLE ☐ Addition Change Pullum Bart Brwy 8494 Navarre Prwy PULLUM, BART R NAME NAME STREET ADDRESS 3494 NAVARRE PKWY STREET ADDRESS Navarre FL 32564 CITY-ST-ZIP NAVARRE, FL 32566 CITY-ST-ZIP ☐ Delete TIT! F DX Change TITT F Addition Pullum, Rebecca A. PULLUM, REBECCA A NAME 8494 Navarre Pkwy STREET ADDRESS 3494 NAVARRE PKWY STREET ADDRESS Navarre FL 32566 CITY-ST-ZIP NAVARRE, FL 32566 CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition CECILIO, FRANK L NAME NAME STREET ADDRESS 3667 ROCKY CREEK CT STREET ADDRESS CITY-ST-71P SAN JOSE, CA 95148 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME CECILIO, SHAR R NAME STREET ADDRESS 3667 ROCKY CREEK CT STREET ADDRESS CITY-ST-ZIP SAN JOSE, CA 95148 CITY-ST-ZIP TILLE ☐ Delete TMF ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

- Rebecca A. Pullum

FILED

Feb 24, 2005 8:00 am