FILED Feb 04, 2008 08:00 A Secretary of State

Daytime Phone #

ANNUAL REPORT				
027248				
Mailing Address				
PO BOX 710 Pensacola, FL 32591				
	Mailing Address P0 B0X 710			



DO NOT WRITE IN THIS SPACE

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

01302008 No Chg-LLC CR2E083 (12/07)

4. FEI Number		Applied For
56-2300355	 [Not Applicable
5. Certificate of Status Desired	\$5.00	Additional autred

6. Name and Address of Current Registered Agent

SCHILL, LAWRENCE C 226 S. PALAFOX ST - 6TH FLOOR

DO NOT WRITE

PENSACO	DLA, FL 32502	IN '	THIS SPACE	
	named entity submits this statement for the purpose of chang tions of registered agent.	ing its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title 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. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBERS/MANAGERS MGRM SCHILL, LAWRENCE C 226 S. PALAFOX ST - 6TH FLOOR PENSACOLA, FL 32502 MGRM HAYES, KEVIN M 3421 CONNELL DRIVE		U00000815409 02/14/08-80008-006 138.75	
TITLE NAME STREET ADDRESS CITY- ST-ZIP	PENSACOLA, FL 32503		NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP				
NAME STREET ADDRESS 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 the and accurate and thermy 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.				