2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Oct 24, 2007
Secretary of State

DOCUMENT# L03000008815

Entity Name: PRISTINE PROPERTIES,LLC

Current Principal Place of Business:

317 MONUMENT AVENUE
PORT ST. JOE, FL 32456 US

New Principal Place of Business:

Current Mailing Address:

402 REID AVENUE
PORT ST. JOE, FL 32456 US

New Mailing Address:

FEI Number: 02-0681368 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COX, JAMES A
402 REID AVENUE
PORT ST. JOE, FL 32456 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: COX, JAMES A
Address: 2387 CONSTITUTION DRIVE
City-St-Zip: PORT ST. JOE, FL 32456 US

Title: MGRM ( ) Delete
Name: COX, CATHERINE S
Address: 2387 CONSTITUTION DRIVE
City-St-Zip: PORT ST. JOE, FL 32456 US

Title: MGRM ( ) Delete
Name: GERLACH, ALYSON WILLIAM
Address: 402 REID AVENUE
City-St-Zip: PORT ST. JOE, FL 32456

Title: MGRM ( ) Delete
Name: GERLACH, JUSTIN DAVID
Address: 402 REID AVENUE
City-St-Zip: PORT ST. JOE, FL 32456

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GERLACH, ALYSON W
Address: 110 HERITAGE LANE
City-St-Zip: PORT ST. JOE, FL 32456 US

Title: MGR (X) Change ( ) Addition
Name: COX, CATHERINE S
Address: 2387 CONSTITUTION DRIVE
City-St-Zip: PORT ST. JOE, FL 32456 US

Title: MGR (X) Change ( ) Addition
Name: COX, JAMES A
Address: 402 REID AVENUE
City-St-Zip: PORT ST. JOE, FL 32456

Title: MGR (X) Change ( ) Addition
Name: GERLACH, JUSTIN DAVID
Address: 110 HERITAGE LANE
City-St-Zip: PORT ST. JOE, FL 32456

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALYSON W. WILLIAMS MGMR 10/24/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date