

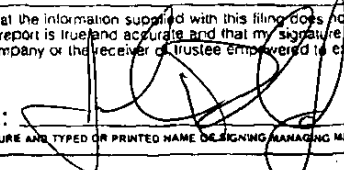


FILED
Mar 28, 2007 8:00 am
Secretary of State

03-15-2007 90134 013 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

3/15/

DOCUMENT # L03000009159			
1. Entity Name JOHN PHARR CERTIFIED PUBLIC ACCOUNTANT, L.L.C.			
Principal Place of Business 1306 EAST CERVANTES STREET, F PENSACOLA, FL 32501 US	Mailing Address 1306 EAST CERVANTES STREET, F PENSACOLA, FL 32501 US		
DO NOT WRITE IN THIS SPACE			
		03052007 No Chg- LLC CR2E083 (11/05)	
		4. FEI Number 54-2118136	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent PHARR, JOHN T JR 720 N 19TH AVENUE PENSACOLA, FL 32501		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007			
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR PHARR, JOHN T JR. 720 N 19TH AVENUE PENSACOLA, FL 32501		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption 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 a signature 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: 		3/20/07 850 4358844 Deputy Secretary of State	