2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 28, 2008 08:00 AM Secretary of State

DOCUMENT # L03000015484 1. Entity Name PATTEN ENTERPRISES, L.L.C.					Secretary of S
Principal Place of Business 524 REGATTA BAY BOULEVARD DESTIN, FL 32541 Mailing Address 524 REGATTA BAY BOULEVARD DESTIN, FL 32541 DESTIN, FL 32541		D	. haalibii sh dalar khir ssin sdin rair i	OSTOL TRALLOTTA OLDAL HOLI DIGOGT VI 1801	
	O NOT WRITE	IN THIS SPA	CF	01062008 No Chg-LLC	CR2E083 (12/07)
				4. FEI Number 65-1188472 -5. Certificate of Status Desired	Applied For Not Applicable \$5.00 Additional
<u> </u>				6. Cartilicate of Status Desired.	Fee Required
PATTEN, STEPHEN G 524 REGATTA BAY BLVD DESTIN, FL 32541				DO NOT WE	
	named entity submits this statement for tions of registered agent.	he purpose of changing its registere	ed office or register	ed agent, or both, in the State of Flori	da. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and	title if applicable. (NOTE Registers	d Agent signature required	when reinstating)	DATE
FILE After May	NOWIII FEE IS \$138.75 / 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS	S/MANAGERS			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PATTEN, STEPHEN G 324 REGATTA BAY BLVD DESTIN, FL 32541			U0000 03/11/08	00843123 3-80057-014 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WI	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPA	ACE
TITLE NAME					

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 flability company or the receiver or trustee example of the execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

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

UB 850-150999