

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000016488

Entity Name: POSTON FAMILY, LLC

FILED
May 01, 2007
Secretary of State

Current Principal Place of Business:

1626 PRIMROSE LANE
PANAMA CITY, FL 32404

New Principal Place of Business:

Current Mailing Address:

P O BOX 10679
PANAMA CITY, FL 32404

New Mailing Address:

1626 PRIMROSE LANE
PANAMA CITY, FL 32404

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ANDERSON, CECELIA
135 HARRISON AVE
PANAMA CITY, FL 32401 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: POSTON, JULIUS
Address: 1626 PRIMROSE LANE
City-St-Zip: PANAMA CITY, FL 32404

Title: MGRM () Delete
Name: POSTON, JAMES E III
Address: 1623 PRIMROSE LANE
City-St-Zip: PANAMA CITY, FL 32404

Title: MGRM () Delete
Name: JOHNSON, JANE
Address: 222 LAKERIDGE DR
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JULIUS POSTON

MGRM

05/01/2007

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