

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000041829

Entity Name: S.O., L.L.C.

FILED
Apr 12, 2007
Secretary of State

Current Principal Place of Business:

42 BUSINESS CENTRE DRIVE
SUITE 401
MIRAMAR BEACH, FL 32550 US

New Principal Place of Business:

Current Mailing Address:

42 BUSINESS CENTRE DRIVE
SUITE 401
MIRAMAR BEACH, FL 32550 US

New Mailing Address:

FEI Number: 20-0346198

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATTHEWS, DANA C ESQ
MATTHEWS & HAWKINS, P.A.
4475 LEGENDARY DRIVE BOX 40
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

COOK, JOSEPH M
42 BUSINESS CENTRE DRIVE
SUITE 303
MIRAMAR BEACH, FL 32550 US

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: JOSEPH M. COOK

04/12/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WALTON SHORES, INC.
Address: 42 BUSINESS CENTRE DRIVE, SUITE 401
City-St-Zip: MIRAMAR BEACH, FL 32550 US

Title: ST () Delete
Name: MCDOWELL, GINGER
Address: 499 PLEASANT RIDGE ROAD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433 US

ADDITIONS/CHANGES:

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

Title: S/T (X) Change () Addition
Name: DEVARONA, ENRIQUE J
Address: 324 CYPRESS BREEZE BLVD
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ENRIQUE DEVARONA

S/T

04/12/2007

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