

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000052870

FILED  
Jul 24, 2006  
Secretary of State

**Entity Name:** OG PROPERTY DEVELOPMENT, LLC

**Current Principal Place of Business:**

109 HARRISON AVENUE  
PANAMA CITY, FL 32401

**New Principal Place of Business:**

**Current Mailing Address:**

2700 FIRST AVE NORTH  
BIRMINGHAM, AL 35203

**New Mailing Address:**

FEI Number: 20-0998474      FEI Number Applied For ( )      FEI Number Not Applicable ( )      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:**

**Name and Address of New Registered Agent:**

ZIMMERMAN, NEVIN J  
109 HARRISON AVENUE  
PANAMA CITY, FL 32401      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: VICKERS, OWEN  
Address: 920 19TH STREET, NORTH  
City-St-Zip: BIRMINGHAM, AL 35203

Title: MGRM      ( ) Delete  
Name: BURROW, GRADY  
Address: 920 19TH STREET, NORTH  
City-St-Zip: BIRMINGHAM, AL 35203

**ADDITIONS/CHANGES:**

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 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: T. OWEN VICKERS

MGRM

07/24/2006

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