

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90274 039 ****50.00

60015712



02082007 Chg-LLC CR2E083 (12/06)

4. FEI Number 90-0137706 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BEGGS & LANE, RLLP
501 COMMENDENCIA ST
PENSACOLA, FL 32502

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	PLUGIT.COM, LLC	
STREET ADDRESS	226 S. PALAFOX PL., SUITE 400	
CITY-ST-ZIP	PENSACOLA, FL 32502	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SWITZER & SONS	
STREET ADDRESS	5551 CORPORATE BLVD.	
CITY-ST-ZIP	BATON ROUGE, LA 70808	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	JMO INVESTMENTS, LLC	
STREET ADDRESS	316 S. BAYLEN ST., SUITE 200	
CITY-ST-ZIP	PENSACOLA, FL 32502	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	EWB, LLC	
STREET ADDRESS	2000 E. MALLORY STREET	
CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	APPLEYARD, RICHARD L	
STREET ADDRESS	4400 BAYOU BLVD., SUITE 34	
CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WHIBBS, VINCENT J	
STREET ADDRESS	2211 BAISDEN ROAD	
CITY-ST-ZIP	PENSACOLA, FL 32503	

10. ADDITIONS / CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Shep D. Green, Controller 2/19/2007 (850) 439-3577 X334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #