2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2008
Secretary of State

DOCUMENT# L04000009597

Entity Name: DAVID R. PITTMAN LLC

Current Principal Place of Business:

201 SHORELINE DR
GULF BREEZE, FL 32561

New Principal Place of Business:

Current Mailing Address:

201 SHORELINE DR
GULF BREEZE, FL 32561

New Mailing Address:

FEI Number: 47-0935684 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

PITTMAN, DAVID R
201 SHORELINE DR
GULF BREEZE, FL 32561 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: PITTMAN, DAVID R
Address: 201 SHORELINE DR
City-St-Zip: GULF BREEZE, FL 32561

Title: MGR (X) Delete
Name: BURLESON, ADAM
Address: 3218 WEST CERVANTES
City-St-Zip: PENSACOLA, FL 32505 US

Title: MGR (X) Delete
Name: CAMERON, BRUCE
Address: 2263 NINA STREET
City-St-Zip: NAVARRE, FL 32566 US

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: DAVID R PITTMAN MGRM 07/11/2008

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