

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000013562

Entity Name: PHILFIN COMPANY, LLC

FILED  
Aug 07, 2006  
Secretary of State

## Current Principal Place of Business:

307 EAST SEVENTH STREET  
TALLAHASSEE, FL 32303

## New Principal Place of Business:

816 EAST PINE AVENUE  
ST. GEORGE ISLAND, FL 32328

## Current Mailing Address:

200 GUNN ST  
ST GEORGE ISLAND, FL 32328

## New Mailing Address:

816 EAST PINE AVENUE  
ST GEORGE ISLAND, FL 32328

FEI Number: 51-0501851      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:

SMITH, FINCHER W  
307 EAST SEVENTH STREET  
TALLAHASSEE, FL 32303      US

## Name and Address of New Registered Agent:

SMITH, FINCHER W  
816 EAST PINE AVENUE  
ST. GEORGE ISLAND, FL 32328      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:

08/07/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM      ( ) Delete  
Name: SMITH, FINCHER W  
Address: 307 EAST SEVENTH STREET  
City-St-Zip: TALLAHASSEE, FL 32303

## ADDITIONS/CHANGES:

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: FINCHER W. SMITH

MGRM

08/07/2006

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