

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000014461

FILED
Mar 01, 2006
Secretary of State

Entity Name: MANNON FREEPORT INVESTMENTS, LLC

Current Principal Place of Business:

WALTON COUNTY INDUSTRIAL PARK
BULLDOG ROAD
FREEPORT, FL 32439

New Principal Place of Business:

19 COMMERCE LANE
FREEPORT, FL 32439

Current Mailing Address:

1830 JACK DELOZIER DRIVE
SEVIERVILLE, TN 37876

New Mailing Address:

FEI Number: 20-0761005

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANNON, JONATHAN G
1209 AIRPORT ROAD
SUITE 1
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

MANNON, JONATHAN G
19 COMMERCE LANE
FREEPORT, FL 32439 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: JONATHAN G. MANNON

03/01/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MANNON, JOEY R JR
Address: 1830 JACK DELOZIER DRIVE
City-St-Zip: SEVIERVILLE, TN 37876

Title: MGRM () Delete
Name: MANNON, JONATHAN G
Address: 1209 AIRPORT ROAD SUITE 1
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: MANNON, JONATHAN G
Address: 19 COMMERCE LANE
City-St-Zip: FREEPORT, FL 32439

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: JOEY R. MANNON, JR

MGRM

03/01/2006

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