## 2007 LIMITED LIABILITY COMPANY

## **FILED ANNUAL REPORT** Jan-30, 2007 08:00 AM DOCUMENT # L04000031591 **Secretary of State** 1. Entity Name KATTNER PROPERTY I. LLC Principal Place of Business Mailing Address 620 BAYCLIFFS RD **620 BAYCLIFFS RD GULF BREEZE, FL 32561 GULF BREEZE, FL 32561** 01242007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For **NOT APPLICABLE** Not Applicable \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent KATTNER, PATTY L DO NOT WRITE 620 BAYCLIFFS RD GULF BREEZE, FL 32561 IN THIS SPACE 1. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS MGRM MILE KATTNER, PATTY L NAME STREET AUDRESS 620 BAYCLIFFS RD CITY-ST-ZIP GULF BREEZE, FL 32561 U00000611533 02/02/07-80067-005 50.00 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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 fimited flability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE RAME STREET ADDRESS CITY-ST-ZIP