## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 30, 2007 8:00 am Secretary of State

NAME SIREET ADDRESS CITY-S1-ZIP  ITILE MGR LAURENCE, ROBERT J L SIREET ADDRESS CITY-S1-ZIP  ITILE NAME SIREET ADDRESS CITY-S1-ZIP  ITIL	DOCUMENT # L0400032309  1. Entity Name MOULTRIE BLUFF PLAZA, LLC					04-30-200	7 90047 037	****	50.00	
Sulte, Apl. 1, etc.  Sulte, Apl. 2, etc.  Sulte, Apl. 2, etc.  Sulte, Apl. 2, etc.  O1302007 Chg-LLC CR2E083 (12/06)  A FEI Number 20-1319128	C/O TIM FORD 1100-4 PONCE DE LEON BLVD		721 A VA BEACH BEVD Suite 3						<b>111</b> 8       1 <b>11</b> 1	
City & State  Country			29 Bernuck Kun							
Signature   Sign			Sulte, Apt. #, etc.		01302007	Chg-LLC	CR2E083 (1	2/06)		
Name and Address of New Registered Agent	City & State		ST. Hug. 71.		1				·	
Name   Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Bo	Zip	Country	32080		5. Certificate	e of Status Desired				
STRET ADDRESS OTH STATUS STRET ADDRESS OTH'S 1-2P  ITHE NAME STRET		6. Name and Address of Current	Registered Agent	Name	7. Name and	d Address of New Re	egistered Agent			
8. The above named antity 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, highest or printed name of important agent and title if applicable.  PIIIng Fee is \$50.00 Due by May 1, 2007  Make check payable to Florida Department of State  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  ITILE  MGR  CPORD, TIM  NAME  STREET ADDRESS  CITY-51-2P  TITLE  MGR  LAURENCE, ROBERT J L  101 BILBAO DRIVE  TITLE  MARE  LAURENCE, ROBERT J L  101 BILBAO DRIVE  TITLE  MAKE  STREET ADDRESS  CITY-51-2P  STREET ADDRESS  CITY-51	1100-4 PC	NCE DE LEON BLVD			ress (P.O. Box Numb	per is Not Acceptable	)			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. i am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. i am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. i am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. i am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. i am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. i am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. i am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. i am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. i am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. i am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. i am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. i am familiar with, and accept the obligations of registered agent, or both, in the State of Florida.    Filing Foo is \$50.00				City			FL Z	ip Code	<del></del>	
Filling Fee is \$50.00 Due by May 1, 2007  9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  ITILE MGR FORD, TIM STREET ADDRESS CITY-S1-ZIP TITLE MGR LAURENCE, ROBERT J L STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP STREET ADDR			the purpose of changing its re	egistered office or re	gistered agent, or bo	oth, in the State of Flo		ar with,	and accept	
P. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES  TITLE MGR NAME FORD, TIM PORD, TIM SIRET ADDRESS CITY-S1-ZP  TITLE MGR T21 A1A BEACH BLVD #3 STAUGUSTINE, FL 320806737 CITY-S1-ZP  TITLE MGR LAURENCE, ROBERT J L STREET ADDRESS CITY-S1-ZP STAUGUSINE, FL 32086 CITY-S1-ZP  TITLE MAME SIRET ADDRESS CITY-S1-ZP  TITLE TITLE MAME SIRET ADDRESS CITY-S1-ZP  TITLE TIT	SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	Registered Agent signature r	required when reinstating)		DATE			
TITLE MAGE FORD, TIM FORD, TIME MAGE STREET ADDRESS STAUGUSTINE, FL 320806737  IITLE MAGE LAURENCE, ROBERT J L STREET ADDRESS STAUGUSINE, FL 320806737  IITLE NAME LAURENCE, ROBERT J L STREET ADDRESS STAUGUSINE, FL 320806  IITLE NAME STREET ADDRESS CITY-ST-ZIP STAUGUSINE, FL 320806  IITLE NAME STREET							1			
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D:	ue by May 1, 2007  MANAGING MEMBE	RS/MANAGERS	10.		Florida	Department o		<b>,</b>	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	9.  TITLE NAME STREET ADDRESS	MANAGING MEMBE MGR FORD, TIM 721 A1A BEACH BLVD #3	<del></del>	TITLE NAME STREET ADDRESS		Florida	Department o	f State	Addition	
NAME	9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE MGR FORD, TIM 721 A1A BEACH BLVD #3 ST AUGUSTINE, FL 320806737 MGR LAURENCE, ROBERT J L 101 BILBAO DRIVE	☐ Delete	IIILE NAME STREE1 ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		Florida	Department o	f State		
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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	9.  IIILE NAME STREET ADDRESS CITY-S1-ZIP  IIILE NAME STREET ADDRESS	MANAGING MEMBE MGR FORD, TIM 721 A1A BEACH BLVD #3 ST AUGUSTINE, FL 320806737 MGR LAURENCE, ROBERT J L 101 BILBAO DRIVE	☐ Delete ☐ Delete ☐ Delete ☐ Delete	IIILE NAME STREE1 ADDRESS CITY-S1-ZIP  IIILE NAME STREET ADDRESS		Florida	Department of CHANGES	hange hange	Addition  Addition	

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

SIGNATURE: SIGNATURE and typed or Printed name of Sidning Managing Member, Manager, or Authorized Representative