

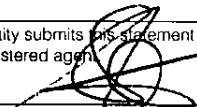
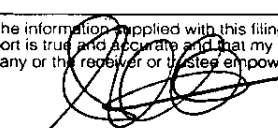


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90134 022 ****50.00

DOCUMENT # L04000039305					
1. Entity Name TRANQUILLITY PROPERTIES, L.L.C.					
Principal Place of Business 365 JAMES RIVER RD GULF BREEZE, FL 32561			Mailing Address 365 JAMES RIVER RD GULF BREEZE, FL 32561		
2. Principal Place of Business - No P.O. Box # 5150 North Davis Hwy Suite, Apt. #, etc.		3. Mailing Address 5150 North Davis Hwy Suite, Apt. #, etc.			
City & State Pensacola FL		City & State Pensacola FL		4. FEI Number 56-2473475	
Zip 32503		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GUPTA, SUNIL 289 PLANTATION HILL ROAD GULF BREEZE, FL 32561			7. Name and Address of New Registered Agent Name: Sunil Gupta Street Address (P.O. Box Number is Not Acceptable): 5150 North Davis Hwy City: Pensacola FL Zip Code: 32503		
8. 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:  <u>Sunil Gupta</u> <u>2/15/2007</u> <small>Signature, typed or printed name of Registered agent and title if applicable. (NOTE: Registered Agent signature required when Vacating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GUPTA, SUNIL 365 JAMES RIVER RD GULF BREEZE, FL 32561	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:  <u>Sunil Gupta</u> <u>2/15/07</u> <u>-</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					