

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90023 021 \*\*\*\*50.00

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<b>DOCUMENT # L04000039681</b> 1. Entity Name <b>POWER PROPERTIES &amp; DEVELOPMENTS LLC</b>			
Principal Place of Business <b>913 GULF BREEZE PKWY</b> <b>5-A</b> <b>GULF BREEZE, FL 32561</b>		Mailing Address <b>913 GULF BREEZE PKWY</b> <b>5-A</b> <b>GULF BREEZE, FL 32561</b>	
2. Principal Place of Business <b>415 B N. Tarragona St</b> Suite, Apt. #, etc. <b>Pensacola FL</b> City & State <b>32501 USA</b> Zip Country		3. Mailing Address <b>415 B N. Tarragona St.</b> Suite, Apt. #, etc. <b>Pensacola</b> City & State <b>FL</b> Zip Country <b>32501 USA</b>	
4. FEI Number <b>20-1133667</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SMITH, KENNY JR</b> <b>362 GULF BREEZE PKWY</b> <b>#136</b> <b>GULF BREEZE, FL 32561</b>		7. Name and Address of New Registered Agent Name <b>Jerrell Kenneth Smith, Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>415 B N. Tarragona St.</b> City <b>Pensacola</b> FL Zip Code <b>32501</b>	
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  DATE <b>4.24.06</b> <small>Sign the name of the registered agent and file it applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JACKSON, JOHN A 26 CALLE HERMOSA PENSACOLA BEACH, FL 32561	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAYMON, BRUCE C 362 GULF BREEZE PKWY UNIT 103 GULF BREEZE, FL 32561	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTIN, JAMES E JR P.O. BOX 9704 PENSACOLA, FL 32513	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, KENNY JR POB 862 GONZALEZ, FL 32560	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, KENNY JR POB 862 GONZALEZ, FL 32560	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, KENNY JR POB 862 GONZALEZ, FL 32560	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, KENNY JR POB 862 GONZALEZ, FL 32560	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, KENNY JR POB 862 GONZALEZ, FL 32560	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:		Date <b>4.24.06</b> Daytime Phone # <b>850.437.0108</b>	