


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-30-2007 90047 014 ****50.00

DOCUMENT # L04000039681					
1. Entity Name POWER PROPERTIES & DEVELOPMENTS LLC					
Principal Place of Business 913 GULF BREEZE PKWY 5-A GULF BREEZE, FL 32561			Mailing Address 913 GULF BREEZE PKWY 5-A GULF BREEZE, FL 32561		
2. Principal Place of Business - No P.O. Box # 420 Bayfront Parkway		3. Mailing Address PO Box 13447			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Pensacola FL		City & State Pensacola FL		4. FEI Number 20-1133667	
Zip 32502		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, KENNY JR 362 GULF BREEZE PKWY #136 GULF BREEZE, FL 32561		7. Name and Address of New Registered Agent Name: <u>Emitt, Terrell Kenneth</u> Street Address (P.O. Box Number is Not Acceptable): <u>420 Bayfront Parkway</u> City: <u>Pensacola</u> FL <u>32502</u>			
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>[Signature]</u> DATE: <u>4.26.07</u> <small>(NOTE: Registered Agent signature required when reinstating)</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 MGRM NAME JACKSON, JOHN A STREET ADDRESS 26 CALLE HERMOSA CITY-ST-ZIP PENSACOLA BEACH, FL 32561	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS PO Box 13447 CITY-ST-ZIP Pensacola FL 32591-3447	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME RAYMON, BRUCE C STREET ADDRESS 362 GULF BREEZE PKWY UNIT 103 CITY-ST-ZIP GULF BREEZE, FL 32561	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS PO Box 13447 CITY-ST-ZIP Pensacola FL 32591-3447	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME SMITH, KENNY JR STREET ADDRESS POB 862 CITY-ST-ZIP GONZALEZ, FL 32560	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS PO Box 13447 CITY-ST-ZIP Pensacola FL 32591-3447	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <u>4.26.07</u> Daytime Phone #		