

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 12, 2008 8:00 am
Secretary of State

05-12-2008 90119 017 ***538.75

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04152008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L04000039681			
1. Entity Name POWER PROPERTIES & DEVELOPMENTS LLC			
Principal Place of Business 420 BAYFRONT PARKWAY PENSACOLA, FL 32502		Mailing Address P.O BOX 13447 PENSACOLA, FL 32591-3447	
2. Principal Place of Business - No P.O. Box # 113 Keylan Cove Suite, Apt. #, etc.		3. Mailing Address PO Box 862 Suite, Apt. #, etc.	
City & State Pensacola FL		City & State Gonzalez FL	
4. FEI Number 20-1133667		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, JERRELL K 420 BAYFRONT PARKWAY PENSACOLA, FL 32502		7. Name and Address of New Registered Agent Name: John A. Jackson Street Address: 113 Keylan Cove City: Gonzalez, FL Zip Code: 32560	
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: <i>[Signature]</i> DATE: 5.8.08 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$338.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JACKSON, JOHN A PO BOX 13447 PENSACOLA, FL 325913447	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 113 Keylan Cove Gonzalez FL 32560
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RAYMON, BRUCE C PO BOX 13447 PENSACOLA, FL 325913447	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition PO Box 862 Gonzalez FL 32560
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SMITH, KENNY JR PO BOX 13447 PENSACOLA, FL 325913447	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Delete
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: <i>[Signature]</i>		DATE: 5.8.08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	