

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000045466

FILED
May 01, 2007
Secretary of State

Entity Name: ALCANIZ CENTRE RESIDENTIAL DEVELOPMENT, LLC

Current Principal Place of Business:

2616 N. 12TH AVENUE
PENSACOLA, FL 32503

New Principal Place of Business:

109 EAST GARDEN STREET
A
PENSACOLA, FL 32502

Current Mailing Address:

880 NORTH REUS STREET
SUITE 201
PENSACOLA, FL 32501

New Mailing Address:

109 EAST GARDEN STREET
A
PENSACOLA, FL 32502

FEI Number: 20-2788403 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BEGGS & LANE, RLLP
501 COMMENDENCIA STREET
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

SCOGGINS III, INC.
109-A EAST GARDEN STREET
PENSACOLA, FL 32502 US

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.

SIGNATURE: DANNY A. ZIMMERN

05/01/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: LOVELL, ADRIAN
Address: 880 N REUS STREET, SUITE 201
City-St-Zip: PENSACOLA, FL 32501

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: LOVELL, ADRIAN
Address: 880 N REUS STREET, SUITE 102
City-St-Zip: PENSACOLA, FL 32501

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM A LOVELL

P

05/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date