# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 14, 2008**
**Secretary of State**

DOCUMENT# L04000045466

**Entity Name:** ALCANIZ CENTRE RESIDENTIAL DEVELOPMENT, LLC

**Current Principal Place of Business:**

109 EAST GARDEN STREET
A
PENSACOLA, FL 32502

**New Principal Place of Business:**

21 S TARRAGONA STREET
SUITE 102
PENSACOLA, FL 32502

**Current Mailing Address:**

109 EAST GARDEN STREET
A
PENSACOLA, FL 32502

**New Mailing Address:**

21 S TARRAGONA STREET
SUITE 102
PENSACOLA, FL 32502

**FEI Number: 20-2788403** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

SCOGGINS III, INC.
21 S TARRAGONA STREET
SUITE 103
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: 04/14/2008

Electronic Signature of Registered Agent — Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: P (X) Change ( ) Addition
Name: LOVELL, ADRIAN
Address: 21 S TARRAGONA STREET SUITE 102
City-St-Zip: PENSACOLA, FL 32502

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 PRES 04/14/2008

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