

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061842

FILED
Apr 24, 2008
Secretary of State

Entity Name: MERRIFIELD & PILCHER REALTY, LLC

Current Principal Place of Business:

682 BALDWIN AVENUE
DEFUNIAK SPRINGS, FL 32435

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 777
DEFUNIAK SPRINGS, FL 32435

New Mailing Address:

682 BALDWIN AVENUE
DEFUNIAK SPRINGS, FL 32435

FEI Number: 20-2155101

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

W. FLEMMING WARD
770 BALDWIN AVENUE
DEFUNIAK SPRINGS, FL 32435 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MERRIFIELD, SALLY R
Address: POST OFFICE BOX 454
City-St-Zip: PAXTON, FL 32538

Title: MGRM () Delete
Name: PILCHER, TERRY
Address: 51 GUAVA AVENUE
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: MGRM () Delete
Name: MITCHEL, CHRISTA M
Address: POST OFFICE BOX 454
City-St-Zip: PAXTON, FL 32538

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SALLY R MERRIFIELD

OWNE

04/24/2008

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