2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

2007 APR 17 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04102007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L04000064220

1. Entity Name
TIPPIN & TIFTON, LLC

Principal Place of Business	Mailing Address
201 EAST GOVERNMENT STREET C/O BENTIN PROPERTIES PENSACOLA, FL 32502	~~PO BOX 1083~~ ~~GULF BREEZE, FL 32562~~

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	201 EAST GOVERNMENT ST
Suite, Apt. #, etc.: C/O BENTIN PROPERTIES, INC	Suite, Apt. #, etc.: C/O BENTIN PROPERTIES, INC
City & State	City & State: PENSACOLA, FL
Zip / Country	Zip: 32502 / Country: USA

4. FEI Number: NOT APPLICABLE — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BENTIN PROPERTIES, INC
201 EAST GOVERNMENT STREET
PENSACOLA, FL 32502

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 K Stewart 4/11/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $50.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGMR NAME: KRISTIN STEWART STREET ADDRESS: PO BOX 1083 CITY-ST-ZIP: GULF BREEZE, FL 32562	☒ Delete	TITLE: MGMR NAME: CHOICE CAPITAL, LLC STREET ADDRESS: PO BOX 1083 CITY-ST-ZIP: GULF BREEZE, FL 32562	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 300098315273 04/24/07--01054--001 **50.00	☐ Change ☐ Addition
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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: 4/11/07 8502215562
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #