2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE

May 02, 2007 8:00 am Secretary of State **DOCUMENT #L04000091901** 05-02-2007 90338 047 ****50.00 1. Entity Name SAN ANDRES #301 LLC 4009,000 Principal Place of Business Mailing Address 4370 DEVEREUX DRIVE 4370 DEVEREUX DRIVE PENSACOLA, FL 32504 US PENSACOLA, FL 32504 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 8500 Fowler Avenue 8500 Fowler Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. 04262007 CR2E083 (12/06) Applied For Gy & State cola, FL 4. FEI Number Cirensacola, FL **NOT APPLICABLE** Not Applicable Country ^{Zip} 32534 Zip 32534 Country \$5.00 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name John Michael O'Neill, III ONEILL, JOHN M III Street Address (P.O. Box Number is Not Acceptable) 4370 DEVEREUX DRIVE 8500 Fowler Avenue PENSACOLA FL 32504 City Pensacola 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. 4/27/07 SIGNATURE DATE printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. . MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGRM Change TITLE ☐ Delete TITLE ☐ Addition MGRM John Michael O'Neill, III NAME ONEILL, JOHN M III NAME 4370 DEVEREUX DRIVE STREET ADDRESS STREET ADORESS 8500 Fowler Avenue CITY-ST-ZIP PENSACOLA, FL 32504 CITY-ST-ZIP Pensacola, FL 32534 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 4/27/07 850-484-7977

NATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

31

Daytime Phone #



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000091901 1. Entity Name SAN ANDRES #301 LLC					ATTACHMENT			
Principal Plac 4370 DEVER PENSACOLA,	REUX DRIVE	Mailing Address 4370 DEVEREUX DRN PENSACOLA, FL 3250			4009	7604		
	Place of Business - No P.O. Bo Fowler Avenue #, etc.	_	8500 Fowler Avenue		007 Chg-LLC	CR2E083 (12/06)	-	
City & Stat	åcola, FL	Crya State cola,	Çivaşlar Pensacola, FL		4. FEI Number Applied For NOT APPLICABLE Not Applicable			
Zip 3253	4 Country US	Zlp 32 534	Country USA	1	icate of Status Desired	□ \$5.00 Add Fee Require	ditional	
		Current Registered Agent	Name Street Ac	John Mid	chael O'Neill, chael O'Neill, umber is Not Acceptable) vler Avenue	III		
the obligat SIGNATURE	named entity submits this state ions of registered agent. Signature Typed or printed name of registering Fee is \$50.00 ue by May 1, 2007	ement for the purpose of changing its red agent and title if applicable. (NO	S registered office or		or both, in the State of Flori	FL Zip Cod 3253 da. 1 am familiar with, 4/27/07 DATE check payable to Department of Stat	and accep	
9.	MANAGING	MEMBERS/MANAGERS	10.		ADDITIONS/C	HANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ONEILL, JOHN M III 4370 DEVEREUX DRIVE PENSACOLA, FL 32504	☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8500 Fc	chael O'Neill wler Avenue	Change, III	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		22.334	Change	Addition	
TITLE NAME Street adoress City-St-ZIP		☐ Delizie	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME Street Address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TETLE NAME STREET ADDRESS: CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
indicated timited liab	on this report is true and accur pility company or the receiver o	ied with this filing does not qualify fo ate and that my signature shall have r trustee empowered to execute this	the same legal effect	as if made under Chapter 608, Flor	oath; that I am a managin; ida Statutes.	ner certify that the info g member or manage	rmation r of the	
SIGNAT		NAME OF SIGNING MANAGING MEMBER, MA	NAGED OR AUTHORIZED O		Date	Daysme Prione #		