2007 LIMITED LIABILITY COMPANY

May 02, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT #L04000091913 05-02-2007 90338 050 ****50.00 SAN ANDRES #705 LLC 40097601 Principal Place of Business Mailing Address **4370 DEVEREUX DRIVE 4370 DEVEREUX DRIVE** PENSACOLA, FL 32504 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) Chq-LLC City & State City & State 4. FEI Number Applied For ·Pensacola, **NOT APPLICABLE** Pensacola, FL Not Applicable 7in Country \$5.00 Additional 5. Certificate of Status Desired П 32534 USA 32534 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Gina O. O'Neill ONEILL, GONA O Street Address (P.O. Box Number is Not Acceptable) 4370 DEVEREUX DRIVE PENSACOLA, FL 32504 8500 Fowler Avenue City Zip Code 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 DATE (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 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Delete TITLE ☐ Addition Change MGRM Gina O. O'Neill ONEILL, GINA O NAME 4370 DEVEREUX DRIVE STREET ADDRESS STREET ADDRESS 8500 Fowler Avenue CITY-ST-ZIP PENSACOLA, FL. 32504 CITY-ST-ZIP Pensacola, FL 32534 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP Delete Сhange ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

BER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/27/07

850-554-7488

FILED

Daytime Phone I



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

1_Entity Nan	DRES #705 LLC		ATTACHWENT				Ī		
Principal Place 4370 DEVENTE PENSACOLA		Mailing Address 4370 DEVEREUX DRIVE PENSACOLA, FL 32504	US		1	1009	760)[
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Suite, Apt.		Suite, Apt. #, etc.	Avende		04262007	Chg-LLC	CR2E0	83 (12/06))
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	6. Name and Address of Current		USA		7. Name and	Address of New		Fee Require	ea
ONEILL	CONA O		Name	Gina	0. 0'Ne				
4370 DEVEREUX DRIVE Street Ad					ess (P.O. Box Number is Not Acceptable)				
PENSACC	DLA, FL 32504			8500	Fowler	Avenue			
			City	D	. 7		FL	Zio.Coo	de.
8. The above	named entity submits this statement for	the ournose of changing its re			acola	th in the State of F		Zin Coo	
the obligat	tions of registered agent. Muna 0 07	seil		a registeri	so agon, or oc	in, witho orace or a	4/27/		, and accept
	Signature, typed or printed name of registered agent a	no titte il applicable. (NOTE: F	legistered Agent signa	ture required	when reinstating)		DATE		
Filing Fee Is \$50.00 Due by May 1, 2007							ke check pa la Departmi	-	te
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS	/CHANGES		
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l			NAME STREET ADDRESS						•
NAME Street address			CITY-ST-Z#						
STREET ADDRESS CITY-ST-ZIP 11. J hereby of indicated	certify that the information supplied with I on this report is true and accurate and t bility company or the receiver or trustee	hat my signature shall have the	e exemptions co	ct as if ma	ide under oath	that I am a mana	urther certify ging member	that the info or manage	rmation or of the
STREET ADDRESS CITY-ST-ZIP 11. J hereby of indicated	on this report is true and accurate and to bility company or the receiver or trustee	hat my signature shall have the	e exemptions co	ct as if ma	ide under oath	; that I am a mana; Statutes.	ging member	ог тападе	rmation or of the