

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000004274

FILED
Mar 29, 2007
Secretary of State

Entity Name: PRESTON BUILDING AND INVESTING, LLC

Current Principal Place of Business:

807 C SOUTH DRIVE
FORT WALTON BEACH, FL 32547 US

New Principal Place of Business:

Current Mailing Address:

870 DUNWOODY PLACE
FORT WALTON BEACH, FL 32547 US

New Mailing Address:

89 MOORING LANE
SHALIMAR, FL 32579 US

FEI Number: 41-2166721

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BARBER, BUFFIE L
870 DUNWOODY PLACE
FORT WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

BARBER, BUFFIE L
89 MOORING LANE
SHALIMAR, FL 32579 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: BUFFIE L. BARBER

03/29/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BARBER, DONNIE P
Address: 807 C SOUTH DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: MGRM () Delete
Name: BARBER, BUFFIE L
Address: 870 DUNWOODY PLACE
City-St-Zip: FORT WALTON BEACH, FL 32547 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: BARBER, BUFFIE L
Address: 89 MOORING LANE
City-St-Zip: SHALIMAR, FL 32579 US

I hereby certify that the information supplied with this filing does not qualify for the 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: BUFFIE L. BARBER

MGRM

03/29/2007

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