## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 24, 2006 8:00 am Secretary of State

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DOCUMENT # L0500008701  1. Entity Name AUTUMN PINES DEVELOPERS, L.L.C.							0053 008 **	**50.0	00
1 '	e of Business EN STREET, SUITE 200 , FL 32501	Mailing Address 21 E. GARDEN STREET, SUITE 200 PENSACOLA, FL 32501			₫00s	,0#			
2. Principal P	Place of Business	3. Mailing Address 21 E. Ganden St.							
Suite Apt #, etc. Suite # 211		Suite, Apt. #, etc. Suite # 211			04192006 Ch	g-LLC	CR2E083 (1	1/05)	
Pensacola, FL.		Ponsacola, FC.		4.	FEI Number <b>20 - 22</b> 3	4202		Not	olied For Applicable
Zip Country US		37205	37205 A2 22		Certificate of Stat	us Desired		O Addit	ional
	6. Name and Address of Current	Registered Agent		7.	Name and Addre	ss of New Re	gistered Agent		
COLBERT, RICHARD M 125 W. ROMANA STREET, SUITE 800				Name Street Address (P.O. Box Number is Not Acceptable)					
	DLA, FL 32502					, -			
				City FL Zip Code					
	named entity submits this statement follows of registered agent.	or the purpose of changing its re	egistered office or	registered a	agent, or both, in th	ne State of Flor	ida. I am familia	r with, a	nd accept
SIGNATURE .	Signature, typed or printed name of registered agen	and title if applicable. (NOTE:	Registered Agent signatu	re required when	reinstating)		DATE		
Filing Fee Is \$50.00 Due by May 1, 2006						Make check payable to Florida Department of State			
						rional			
9.	MANAGING MEMBI	ERS/MANAGERS	10.			ADDITIONS/0	Department o		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBI	ERS/MANAGERS	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGT Bolle 21 E Perus	y L. John	additions/c son st., Suit	Department of CHANGES		Addition
TITLE NAME STREET ADDRESS	MANAG:NG MEMB		TITLE NAME STREET ADDRESS	Bolle	)	additions/c son st., Suit	Department o	f State	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAG:NG MEMB	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Bolle	y L. John	additions/c son st., Suit	Department of CHANGES © C	f State hange hange	
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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.

STREET ADDRESS CITY-ST-ZIP STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Bolley Dimber, Mar. Bolley L. Johnson, Mar. 4/20/06 (850)
438-8433

BIGNATURE AND TYPED OR PRINTED VAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DOID DOID DOING PROPERTY.