

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000008701

FILED  
Apr 07, 2009  
Secretary of State

**Entity Name:** AUTUMN PINES DEVELOPERS, L.L.C.

**Current Principal Place of Business:**

520 E ZARAYOZA ST  
SUITE 211  
PENSACOLA, FL 32502

**New Principal Place of Business:**

520 E ZARAGOZA ST  
PENSACOLA, FL 32502

**Current Mailing Address:**

POB 1392  
PENSACOLA, FL 325911392

**New Mailing Address:**

**FEI Number:** 20-2234202

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COLBERT, RICHARD M  
125 W. ROMANA STREET, SUITE 800  
PENSACOLA, FL 32502 US

**Name and Address of New Registered Agent:**

COLBERT, RICHARD M  
4 LAGUNA ST.  
SUITE 101  
FT. WALTON BEACH, FL 32548 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:

04/07/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: JOHNSON, BOLLEY C  
Address: POB 1392  
City-St-Zip: PENSACOLA, FL 325911392

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: JOHNSON, BOLLEY L  
Address: POB 1392  
City-St-Zip: PENSACOLA, FL 325911392

I hereby certify that the information supplied with this filing does not qualify 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: BOLLEY L. JOHNSON

MGR

04/07/2009

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