

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 07, 2006 8:00 am
Secretary of State

06-07-2006 90069 023 ****50.00

DOCUMENT # L05000021444

1. Entity Name
247 LIMOSINE, LLC



Principal Place of Business
1801 N. MERIDIAN RD., SUITE A
TALLAHASSEE, FL 32303

Mailing Address
P.O. BOX 3546
TALLAHASSEE, FL 32315

20047103

2. Principal Place of Business
4740 Blountstown Hwy
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 6328
Suite, Apt. #, etc.

06042006 Chg-LLC CR2E083 (11/05)

City & State
Tallahassee Florida
Zip 32304 Country

City & State
Tallahassee Florida
Zip 32314 Country

4. FEI Number
55-0891752

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PANEBIANCO, THOMAS F
1801 N. MERIDIAN RD., SUITE A
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent

Name Mark A. Thomas
Street Address (P.O. Box Number is Not Acceptable)
4740 Blountstown Hwy
City Tallahassee FL Zip Code 32304

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6-6-06

**Filing Fee is \$50.00
Due by September 6, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM THOMAS, MARK A 4740 BLOUNTSTOWN HWY TALLAHASSEE, FL 32304 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MILLER, WILTON 201 SOUTH MONROE TALLAHASSEE, FL 32301 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FREEMAN, STAN 882 BLOUNTSTOWN HWY TALLAHASSEE, FL 32304 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SHULER, GARY HWY 71 NORTH BLOUNTSTOWN, FL 32424 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PANEBIANCO, THOMAS F 1801 N. MERIDIAN RD., SUITE A TALLAHASSEE, FL 32303 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Ken Fish P.O. Box 583 East Point, FL 32328 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

SIGNATURE: Mark A. Thomas

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

6-6-06

Date

850-575-8655

Daytime Phone #