## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000021444

Entity Name: 247 LIMOSINE, LLC

FILED Aug 20, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4740 BLOUNTSTOWN HWY TALLAHASSEE, FL 32304 **Current Mailing Address: New Mailing Address:** 4740 BOUNSTOWN HIGHWAY PO BOX 6328 TALLAHASSEE, FL 32314 TALLAHASSEE, FL 32304 FEI Number: 55-0891752 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THOMAS, MARK A 4740 BLOUNTSTOWN HWY TALLAHASSEE, FL 32304 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete Name: THOMAS, MARK A Name: 4740 BLOUNTSTOWN HWY Address: Address: City-St-Zip: TALLAHASSEE, FL 32304 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition MILLER, WILTON Name: Name: Address: 201 SOUTH MONROE Address: City-St-Zip: TALLAHASSEE, FL 32301 City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition FREEMAN, STAN MAURO, KIRK J MD Name: Name: 882 BLOUNTSTOWN HWY Address: Address: 1675 RIGGINS ROAD City-St-Zip: TALLAHASSEE, FL 32304 City-St-Zip: TALLAHASSEE, FL 32308 Title: MGRM ( ) Delete Title: () Change () Addition Name: SHULER, GARY Name: Address: HWY 71 NORTH Address: City-St-Zip: BLOUNTSTOWN, FL 32424 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition Name: FISH, KEN Name: Address: PO BOX 583 Address: City-St-Zip: EASTPOINT, FL 32328 City-St-Zip: Title: () Delete Title: MGRM ( ) Change (X) Addition WILLIAMS, KEN Name: Name: Address: Address: 2468 ELFINWING DRIVE TALLAHASSEE, FL 32312 City-St-Zip: City-St-Zip:

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: MARK A. THOMAS MGRM 08/20/2007