

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000027036

FILED
Jan 08, 2007
Secretary of State

Entity Name: INDEPENDENCE ACQUISITIONS, LLC

Current Principal Place of Business:

122 HOPETOWN LANE
PANAMA CITY, FL 32413

New Principal Place of Business:

10 SILK BAY DRIVE
121
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

P.O. BOX 611512
ROSEMARY BEACH, FL 32461

New Mailing Address:

10 SILK BAY DRIVE
121
SANTA ROSA BEACH, FL 32459

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONGLETON, BRAD
50 UPTOWN GRAYTON CIRCLE
#15
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

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:

Title: MGRM () Delete
Name: HENNEY, MATTHEW W
Address: 344 NORTH LOCUST
City-St-Zip: OXFORD, OH 45056

Title: MGRM () Delete
Name: SAGE, JONAH D
Address: 122 HOPETOWN LANE
City-St-Zip: PANAMA CITY, FL 32413

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HENNEY, MATTHEW W
Address: 10 SILK BAY DRIVE #121
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGRM (X) Change () Addition
Name: SAGE, JONAH D
Address: 10 SILK BAY DRIVE #121
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: MATTHEW HENNEY

MGRM

01/08/2007

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