
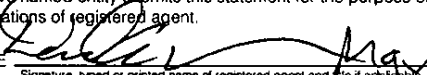



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90023 010 \*\*\*\*50.00

DOCUMENT # L05000031223					
1. Entity Name <b>DRIFTWOOD, LLC</b>					
Principal Place of Business <b>2800 DELANO ST PENSACOLA, FL 32505</b>			Mailing Address <b>PO BOX 940 GULF BREEZE, FL 32562</b>		
2. Principal Place of Business <b>40 S. Palatka Place</b>		3. Mailing Address			
Suite, Apt. #, etc. <b>Suite 500</b>		Suite, Apt. #, etc.			
City & State <b>Pensacola FL</b>		City & State			
Zip <b>FL 32502</b>		Country <b>US</b>		4. FEI Number <b>20-2592988</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BRANNEN, DAVID A 2800 DELANO ST PENSACOLA, FL 32505			Name <b>David A. Brannen</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>40 S. Palatka Place Suite 500</b>		
			City <b>Pensacola</b> FL Zip Code <b>32502</b>		
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 		Name <b>David A. Brannen</b>		DATE <b>4/28/06</b>	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			<b>Managing Member</b> <b>David A. Brannen</b> <b>P.O. Box 940</b> <b>Gulf Breeze, FL 32562</b>		
			<b>Managing member</b> <b>Sam Lukady</b> <b>3010 Westfield Rd</b> <b>Gulf Breeze, FL 32563</b>		
			<b>S+T</b> <b>Renee Foret</b> <b>3010 Westfield Rd</b> <b>Gulf Breeze, FL 32563</b>		
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<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: 			Date <b>4/28/06</b> Daytime Phone # <b>850-434-7700</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					