

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000036709

Entity Name: 600 SOUTH PALAFOX, LLC

FILED
Apr 27, 2006
Secretary of State

Current Principal Place of Business:

2508 WHALEY AVENUE
PENSACOLA, FL 32503

New Principal Place of Business:

3847 DUNWOODY DRIVE
PENSACOLA, FL 32503

Current Mailing Address:

POST OFFICE BOX 13224
PENSACOLA, FL 32591

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALKA, MATTHEW W
2508 WHALEY AVENUE
PENSACOLA, FL 32503 US

Name and Address of New Registered Agent:

BALKA, MATTHEW W
3847 DUNWOODY DRIVE
PENSACOLA, FL 32503 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: MATTHEW W BALKA

04/27/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BALKA, MATTHEW W
Address: 2508 WHALEY AVENUE
City-St-Zip: PENSACOLA, FL 32503

Title: MGRM () Delete
Name: SMITH, WILLIAM H
Address: 2508 WHALEY AVENUE
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BALKA, MATTHEW W
Address: 3847 DUNWOODY DRIVE
City-St-Zip: PENSACOLA, FL 32503

Title: MGRM (X) Change () Addition
Name: SMITH, WILLIAM H
Address: 3847 DUNWOODY DRIVE
City-St-Zip: PENSACOLA, FL 32503

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 W BALKA

MGR

04/27/2006

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