2008 LIMITED LIABILITY ANNUAL REPOR

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OCUMENT # L05 Entity Name ONNIE M. ROBERTSON		37603		08 SEP 17 PH 3: 17
ncipal Place of Business 25 PROSPECT PROMENADE NAMA CITY BEACH, FL 32413	US	Mailing Address 4600 BARFIELD MEMPHIS, TN 38117	US	SECRETARY OF STATE TALLAHASSEE FLORID

Principal Place 1225 PROSP PANAMA CITY	PECT PROME	NADE	Mailing Address 4600 BARFIELD MEMPHIS, TN 38117	US		T/	SEURETARY Allahasse	PEISE 41101 1/PEIS P1111	11/11 11/ 11 11/11		
2. Principal Place of Business - No P.O. Box # 3. Ma			3. Mailing Address	. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09122008	Chg-LLC	CR2E083 (12	/06)				
City & State		City & State			4. FEI Numbe 42-1670			Applied F Not Appli			
Zip	Country		Zip Country			5. Certificate	of Status Desired	S5.00 Additional Fee Required			
	6. Name	and Address of Current	Registered Agent		/1	7. Name and	Address of New Re	gistered Agent			
ROBERTSZON, CONNIE M 1225 PROSPECT PROMENADE PANAMA CITY BEACH, FL 32413					Street Address (P.O. Box Number is Not Acceptable) 1235 PROSPECT TROMEMBE						
				С	ity Pan	IAMA CO	V Bones	, FL Zig	Sode //-	>	
	tions of regist	ersplagent. Orne /	r the purpose of changing its)	ffice or registe	ered agent, or bot	n in the State of Flor	rida. I am familiar	with, and ac	ccept	
0,0,0,0,0	Signature, typed	or printed name of registered agent	and title if applicable. (NOTI	E: Registered Age	nt signature require	ed when reinstating)		DATE			
		FEE IS \$138.75 omber 12, 2008	In accordance with a					check payable Department of			
9.		MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHANGES			
9. TITLE	MGR		RS/MANAGERS	TITLE		RESIDE	٧٢-	CHANGES C	nange	ddition	
TITLE NAME	ROBERTS	SON, CONNIE M	☐ Delete	TITLE NAME	Janes C	_	OBENSON	D Cr	nange 🔲 A	ddition	
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Thereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Florida statutes. Turther 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 receiper or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Olicie L. Colorisco C. SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date