

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000050757

FILED
Aug 24, 2008
Secretary of State

Entity Name: PITTS FAMILY PROPERTIES LLC

Current Principal Place of Business:

4412 DE LEN DRIVE
PANAMA CITY, FL 32404 US

New Principal Place of Business:

Current Mailing Address:

4412 DE LEN DRIVE
PANAMA CITY, FL 32404 US

New Mailing Address:

FEI Number: 20-2877004 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

PITTS, JOEL S
4412 DE LEN DRIVE
PANAMA CITY, FL 32404 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: MGR () Delete
Name: PITTS, WILLIAM B
Address: 4034 HOBBS LANE
City-St-Zip: PANAMA CITY, FL 32409 US

Title: MGR () Delete
Name: PITTS, JOEL S
Address: 4412 DE LEN DRIVE
City-St-Zip: PANAMA CITY, FL 32404 US

Title: MGR () Delete
Name: PITTS, WILLIAM M
Address: 7928 OAK VIEW DRIVE
City-St-Zip: PANAMA CITY, FL 32404 US

Title: MGR () Delete
Name: PITTS, RUSSELL S
Address: 1202 MASSACHUSETTS AVENUE
City-St-Zip: LYNN HAVEN, FL 32444 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: J STEVEN PITTS

VP

08/24/2008

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