
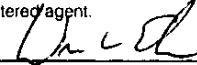
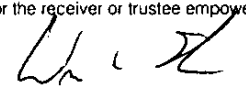


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90044 022 ***138.75

DOCUMENT # L05000063500					
1. Entity Name ANNISTON PROPERTY, LLC					
Principal Place of Business 11350 METRO PARKWAY UNIT 109 FT MEYERS, FL 33966			Mailing Address 11350 METRO PARKWAY UNIT 109 FT MEYERS, FL 33966		
2. Principal Place of Business - No P.O. Box # 6360 CORPORATE PARK		3. Mailing Address PO BOX 60253			
Suite, Apt. #, etc. CIRCLE #1		Suite, Apt. #, etc.			
City & State FT MEYERS FL		City & State FT MEYERS FL		4. FEI Number 04-3821970	
Zip 33966		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent EHMAN, WILLIAM W 11350 METRO PARKWAY UNIT 109 FT MEYERS, FL 33966			7. Name and Address of New Registered Agent Name EHMAN William Street Address (P.O. Box Number is Not Acceptable) 6360 CORPORATE PARK CIRCLE #1 City FT MEYERS FL Zip Code 33966		
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  WILLIAM W. EHMAN 1/12/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input type="checkbox"/> Delete EHMAN, WILLIAM W 11350 METRO PARKWAY UNIT 109 FT MEYERS, FL 33966		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition EHMAN, WILLIAM 6360 CORPORATE PARK CIRCLE #1 FT MEYERS FL 33966	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <input type="checkbox"/> Delete MCCARTY, DOUGLAS E 11350 METRO PARKWAY UNIT 109 FT MEYERS, FL 33966		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MGR MCCARTY, DOUGLAS 1617 N. FEATHER HWY LAKE WORTH FL 33460	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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:  WILLIAM W. EHMAN 1/12/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 1/12/08 Daytime Phone #		