


2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

2007 APR 17 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000088606 1. Entity Name PRINCETON & YARDLEY, LLC	
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Principal Place of Business 201 EAST GOVERNMENT ST C/O BENTIN PROPERTIES, INC PENSACOLA, FL 32502	Mailing Address PO BOX 1083 GULF BREEZE, FL 32562
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 201 E GOVERNMENT ST Suite, Apt. #, etc. C/O BENTIN PROPERTIES INC
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04102007 Chg-LLC CR2E083 (12/06)

City & State PENSACOLA, FL	4. FEI Number NOT APPLICABLE	
Zip 32502	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BENTIN PROPERTIES, INC 201 EAST GOVERNMENT ST PENSACOLA, FL 32502	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: *[Signature]* DATE: **4/16/07**

Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$50.00		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEWART, KRISTIN <input checked="" type="checkbox"/> Delete PO BOX 1083 GULF BREEZE, FL 32562	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHOICE CAPITAL, LLC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PO BOX 1083 GULF BREEZE, FL 32562
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 500099315665 04/24/07--01054--003 **50.00
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 606, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **4/11/07** 8502215562

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #