



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 01, 2007 08:00 AM
Secretary of State

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| DOCUMENT # L05000091853 | |  |
| 1. Entity Name SALLIE AUSLEY, LLC | | |
| Principal Place of Business 227 S. CALHOUN STREET TALLAHASSEE, FL 32301 | | Mailing Address PO BOX 391 TALLAHASSEE, FL 32302 |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent PIERCE, ROBERT A 227 SOUTH CALHOUN STREET TALLAHASSEE, FL 32301 | | DO NOT WRITE IN THIS SPACE |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | |
| 1000000616814 02/07/07-80045-003 50.00 | | |
| 9. MANAGING MEMBERS/MANAGERS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM AUSLEY, SALLIE M 227 S. CALHOUN ST TALLAHASSEE, FL 32301 | |
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| 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:  DuBose Ausley, Rep. 1/26/07 850-425-5433 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> | | |