

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 15, 2008 8:00 am**  
**Secretary of State**

02-15-2008 90055 046 \*\*\*138.75

|  |  |   |   |   |   |
|--|--|---|---|---|---|
| <b>DOCUMENT # L05000102206</b><br>1. Entity Name<br><b>FAIRHOPE, LLC</b>   |  |   |   |    |   |
| Principal Place of Business<br><b>5705 PENSACOLA BLVD.<br/>                 PENSACOLA, FL 32505</b>  |  |   | Mailing Address<br><b>5705 PENSACOLA BLVD.<br/>                 PENSACOLA, FL 32505</b> |   |   |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc. |   |   |   |
| City & State   |  | City & State                                  |   |   |   |
| Zip  | Country  | Zip   | Country   | 4. FEI Number<br><b>26-3847442</b>  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   |   | Applied For<br>Not Applicable   |   |
| 6. Name and Address of Current Registered Agent<br><br><b>SANSING, ROBERT C<br/>                 5705 PENSACOLA BLVD.<br/>                 PENSACOLA, FL 32505</b>   |  |   |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City |   |
| 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.  |  |   |   | \$5.00 Additional Fee Required  |   |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |   |   | DATE _____  |   |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>  |  |   | Make check payable to<br><b>Florida Department of State</b>                             |   |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |   |   | <b>10. ADDITIONS/CHANGES</b>  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br><b>SANSING, ROBERT C</b><br><b>4875 MANOLETE DRIVE</b><br><b>PENSACOLA, FL 32504</b> | <input type="checkbox"/> Delete               |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br><b>SANSING, PEGGY L</b><br><b>4875 MANOLETE DRIVE</b><br><b>PENSACOLA, FL 32504</b>  | <input type="checkbox"/> Delete               |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>_____<br>_____<br>_____  | <input type="checkbox"/> Delete               |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>_____<br>_____<br>_____  | <input type="checkbox"/> Delete               |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>_____<br>_____<br>_____  | <input type="checkbox"/> Delete               |   | TITLE<br>NAME<br>STREET ADDRESS<br>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. |  |   |   |   |   |
| <b>SIGNATURE:</b> <i>Robert C Sansing</i>  |  |   |   | Robert C. Sansing   |   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |  |   |   | Date: <i>2-7-08</i>   |   |
| <small>Daytime Phone #</small>   |  |   |   | _____   |   |