

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90114 018 \*\*\*\*50.00

60039632



04192007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

DAVIS LAPP, ANN  
3400 WIMBLEDON DRIVE  
VILLA 20  
PENSACOLA, FL 32504

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**6 SWEETWATER DR.**  
City **PENSACOLA** FL Zip Code **32514**

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 Ann Davis  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

**Make check payable to**  
**Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE<br>NAME  | MGRM<br>DAVIS LAPP, ANN     | <input type="checkbox"/> Delete |
| STREET ADDRESS | 3400 WIMBLEDON DR, VILLA 20 |                                 |
| CITY-ST-ZIP    | PENSACOLA, FL 32504         |                                 |
| TITLE<br>NAME  | MGRM<br>DAY, GERALD G.      | <input type="checkbox"/> Delete |
| STREET ADDRESS | 6 SWEETWATER DRIVE          |                                 |
| CITY-ST-ZIP    | PENSACOLA, FL 32514         |                                 |
| TITLE<br>NAME  |                             | <input type="checkbox"/> Delete |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |
| TITLE<br>NAME  |                             | <input type="checkbox"/> Delete |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |
| TITLE<br>NAME  |                             | <input type="checkbox"/> Delete |
| STREET ADDRESS |                             |                                 |
| CITY-ST-ZIP    |                             |                                 |

## 10. ADDITIONS/CHANGES

|                |  |
|----------------|--|
| TITLE<br>NAME  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | <b>6 SWEETWATER DR.</b>  |
| CITY-ST-ZIP    | <b>PENSACOLA, FL 32514</b>   |
| TITLE<br>NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE<br>NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE<br>NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE<br>NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

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