FILED May 27, 2008 8:00 am Secretary of State

2008 LIMITED LIABILITY, COMPANY ANNUAL REPORT

DOCUMENT # L05000112630 1. Entity Name COMMODORE'S CORNER LLC						04-25-2008	3 90028 010 ***	°138./5
Principal Place of Business Mailing Address 127 AVENUE B 127 AVENUE B						3000	7797	
127 AVENUE B APALACHICOLA, FL 32320		APALACHICOLA, FL 32320			ŞUUV	1101		
2. Principal Place of Business - No P.O. Box #		3. Malling Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02182008	Chg-LLC	CR2E083 (12/06)		
City & State		City & State		4. FEI Numbe	770R 32-01	85276 N	oplied For of Applicable	
Zip	Country	Zip	Zip Count			of Status Desired	55.00 Ad	ditional
=	6. Name and Address of Curren	Registered Agent			7. Name and	Address of Now Re	· · · · · · · · · · · · · · · · · · ·	
SPOHRER, LYNN WILSON				Name				
127 AVEN				Street Address (I	P.O. Box Number	r is Not Acceptable)		
•			ł	City			El Zip Cod	
8. The above	named entity submits this statement	or the purpose of changing its	registere		ed agent, or both	n, in the State of Flor	_ <u></u>	
 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, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when refreshing) DATE								
	NOWIU FEE IS \$138.75 1, 2008 Fee will be \$538.7					check payable to Department of Stat	عمو خالا د م	
0.	MANAGING MEMB	ERS/MANAGERS	10.			ADDITIONS/	CHANGES	
TITLE	MGRM SPOHRER, B.F	☐ Delete	TITLE	· I			☐ Change	☐ Addition
STREET ADDRESS	127 AVENUE B			ET ADORESS				
CITY-ST-ZIP	MGRM 32320			SI-ZP				
TITLE NAME	WILSON, LYNN	Detate:	TITLE				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	127 AVENUE B APALACHICOLA, FL 32320			T ADORESS				
TITLE	7979101100000,12 02020			CT.78				
NAME CONTRACTOR		C) Delete	ILLTE	ST-ZIP			Chance:	Addition
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