

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-24-2007 90118 011 \*\*\*\*50.00

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<b>DOCUMENT # L05000115064</b> 1. Entity Name <b>ALABAMA ENTERPRISES, LLC</b>					
Principal Place of Business <b>250 W. PINE AVENUE SUITE D CRESTVIEW, FL 32536 US</b>			Mailing Address <b>250 W. PINE AVENUE SUITE D CRESTVIEW, FL 32536 US</b>		
2. Principal Place of Business - No P.O. Box # <b>4100 S. FERDON Blvd.</b> Suite, Apt. #, etc. <b>B-2</b>		3. Mailing Address <b>4100 S. FERDON Blvd.</b> Suite, Apt. #, etc. <b>B-2</b>			
City & State <b>CRESTVIEW, FL</b>		City & State <b>CRESTVIEW, FL</b>			
Zip <b>32536</b>		Country <b>USA</b>		4. FEI Number <b>20-3870432</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>MCGILL, ROBERT E III 36008 EMERALD COAST PARKWAY SUITE 301 DESTIN, FL 32541</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HALL, CLIFTON 250 E PINE AVE., SUITE D CRESTVIEW, FL 32536</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HALL, CLIFTON 4100 S. FERDON Blvd, Suite B-2 CRESTVIEW, FL 32536</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HOLLEY, BENJAMIN S 263 PILR BAY SHORE DR FREEPORT, FL 32439</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HOLLEY, BENJAMIN S 263 PILR BAY SHORE DR. FREEPORT, FL 32439</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SHOREO, TIMM R P.O. BOX 6397 MIRAMAR BEACH, FL 32550</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SHORES, TIMM R P.O. Box 6397 MIRAMAR BEACH, FL 32550</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 608, Florida Statutes.					
SIGNATURE:			<b>C. LIFTON HALL, 4/17/07</b>		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		