

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000119581

Entity Name: N481T, L.L.C.

FILED
Apr 26, 2007
Secretary of State

Current Principal Place of Business:

720 BAYFRONT PKWY., STE. 300
PENSACOLA, FL 32502

New Principal Place of Business:

223 WEST GREGORY STREET
PENSACOLA, FL 32502

Current Mailing Address:

720 BAYFRONT PKWY., STE. 300
PENSACOLA, FL 32502

New Mailing Address:

223 WEST GREGORY STREET
PENSACOLA, FL 32502

FEI Number: 20-3955923

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JERNIGAN, G S
720 BAYFRONT PKWY., STE. 300
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: BONTRAGER, ROGER A MGR
Address: 1162 GANGES TRAIL
City-St-Zip: GULF BREEZE, FL 32563

Title: MGR () Change (X) Addition
Name: BURIE, EDMOND P MGR
Address: PO BOX 30521
City-St-Zip: PENSACOLA, FL 32503

Title: MGR () Change (X) Addition
Name: JERNIGAN, GERALD S MGR
Address: 720 BAYFRONT PARKWAY, SUITE 300
City-St-Zip: PENSACOLA, FL 32502

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: G S JERNIGAN

RA

04/26/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date