## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Mar 01, 2007 8:00 am Secretary of State DOCUMENT # L06000001653 03-01-2007 90192 019 \*\*\*\*50.00 COYT JORDAN ENTERPRISES LLC Principal Place of Business Mailing Address 4332 GARRISON RD 4332 GARRISON RD PANAMA CITY, FL 32404 PANAMA CITY, FL 32404 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt, #, etc. Suite Apt # etc 02272007 CR2E083 (12/06) Cho-LLC City & State City & State 4. FEI Number Applied For 204046048 Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JORDAN, COYT HIII Street Address (P.O. Box Number is Not Acceptable) 4332 GARRISON RD PANAMA CITY, FL 32404 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition JORDAN, COYT H III NAME STREET ADDRESS 4332 GARRISON RD STREET ADDRESS CITY-ST-ZIP PANAMA CITY, FL 32404 CHTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE [ ] Change Addition | NAME STREET ADDRESS STREET ADDRESS CITY-ST-7tP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITL F ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIII F □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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11. Thereby 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.

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