

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000004081

FILED
Jan 04, 2007
Secretary of State

Entity Name: FLORIDA AFRICAN AMERICAN HERITAGE PRESERVATION NETWORK, LLC

Current Principal Place of Business:

419 E. JEFFERSON STREET
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

419 E. JEFFERSON STREET
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BARNES, ALTHEMESE
419 E. JEFFERSON STREET
TALLAHASSEE, FL 32301 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: MGR () Delete
Name: ROOKS, SANDRA TRUSTEE
Address: P.O. BOX 4884
City-St-Zip: CLEARWATER, FL 33758

Title: MGR () Delete
Name: PIPPIN, BARBARA COHEN TRUSTEE
Address: 111 EAST LAS OLAS BLVD.
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: MGR () Delete
Name: FRANKLIN, EUGENE TRUSTEE
Address: 945 W. MICHIGAN AVENUE, SUITE 12B
City-St-Zip: PENSACOLA, FL 32505

Title: MGR () Delete
Name: GOODING-BUTLER, SHIRLEY TRUSTEE
Address: 3978 CALLE DE SANTOS
City-St-Zip: TALLAHASSEE, FL 32301

Title: MGR () Delete
Name: INGRAM, SPENCER TRUSTEE
Address: 120 SALEM COURT
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ALTHEMESE BARNES

DIR

01/04/2007

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