

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000011959

FILED
Apr 13, 2008
Secretary of State

Entity Name: A FLORIDA FUTURE REAL ESTATE, LLC

Current Principal Place of Business:

949 JENKS AVENUE
SUITE 19
PANAMA CITY, FL 32401 US

New Principal Place of Business:

Current Mailing Address:

949 JENKS AVENUE
SUITE 19
PANAMA CITY, FL 32401 US

New Mailing Address:

FEI Number: 87-0797997 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BATES, RENEE L MS
6200 N. LAGOON DRIVE
APT. C1
PANAMA CITY BEACH, FL 32408 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: MGRM () Delete
Name: BATES, RENEE L MS
Address: 6200 N. LAGOON DRIVE, APT. C1
City-St-Zip: PANAMA CITY BEACH, FL 32408 US

Title: MGRM () Delete
Name: ZAIGER, CHRISTOPHER S MR
Address: 402 ILLINOIS AVENUE
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: MGRM () Delete
Name: VALLADARES, MARLO C MS
Address: 6200 N. LAGOON DRIVE, APT. C1
City-St-Zip: PANAMA CITY BEACH, FL 32408 US

Title: MGRM () Delete
Name: SHEWMAN, LANCE J MR
Address: 1004 ARBOURS DRIVE
City-St-Zip: PANAMA CITY, FL 32401 US

Title: MGRM () Delete
Name: TOSCANO, LEAH R MS
Address: 3325 W. 23RD STREET, APT. M89
City-St-Zip: PANAMA CITY, FL 32405 US

Title: MGRM () Delete
Name: BESTWICK, DOUGLAS L MR
Address: 11426 LAUX DRIVE
City-St-Zip: YOUNGSTOWN, FL 32466 US

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: MGRM (X) Change () Addition
Name: SHEWMAN, LANCE J MR
Address: 7021 MCCORMICK LANE
City-St-Zip: SOUTHPORT, FL 32409 US

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 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: RENEE L. BATES

MGRM

04/13/2008

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