

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

FILED

2008 APR 29 PM 3: 57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04012008No Chg-LLC

CR2E083 (12/07)

4. FEI Number

20-4267708

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

WOOD, FRANK D JR.  
1815 TURNER WOOD LANE  
PANAMA CITY BEACH, FL 32407

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	WOOD, FRANK D JR.
STREET ADDRESS	1815 TURNER WOOD LANE
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32407
TITLE	MGR
NAME	WOOD, VALORIE
STREET ADDRESS	1815 TURNER WOOD LN
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32407
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #