

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 11, 2007 8:00 am
Secretary of State

04-19-2007 90156 001 *****5.00

04-19-2007 90156 002 *****50.00

30007410



04162007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-1271979** Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

HUSTON, GARY W
125 W. ROMANA STREET, SUITE 800
PENSACOLA, FL 32502

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President W. Scott Armstrong 22850 Clearwater Cir Fairhope AL 36532</i>	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Operating Mgr Carol S. Armstrong 22850 Clearwater Cir Fairhope, AL 36532</i>	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Project mgr Clayton E. Armstrong 22850 Clearwater Cir Fairhope AL 36532</i>	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Project mgr Robert S. Armstrong 22850 Clearwater Cir Fairhope AL 36532</i>	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Clayton E. Armstrong

4/17/2007 251 990-5618

Date

Daytime Phone #