

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000049040

**FILED**  
**Apr 18, 2007**  
**Secretary of State**

**Entity Name:** C. P. TAMPARY PROPERTY, LLC

**Current Principal Place of Business:**

9518 LORIKEET LANE  
PENSACOLA, FL 32507

**New Principal Place of Business:**

56 SAINT JOSEPH STREET, SUITE 1401  
MOBILE, AL 36602

**Current Mailing Address:**

9518 LORIKEET LANE  
PENSACOLA, FL 32507

**New Mailing Address:**

P.O. BOX 2845  
MOBILE, AL 36652

FEI Number: 20-4861670

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCALLISTER, NORMOND B JR.  
9518 LORIKEET LANE  
PENSACOLA, FL 32507 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: MCALLISTER, NORMOND B JR.  
Address: 9518 LORIKEET LANE  
City-St-Zip: PENSACOLA, FL 32507

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SIMMONS, WILLARD B JR.  
Address: 56 SAINT JOSEPH STREET, SUITE 1401  
City-St-Zip: MOBILE, AL 36602

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: WILLARD B. SIMMONS, JR.

MGRM

04/18/2007

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