

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000105833

FILED
Apr 24, 2007
Secretary of State

Entity Name: SHRIMP HOUSE AND DONNIE WILSON BUILDINGS, LLC

Current Principal Place of Business:

233 WATER STREET
APALACHICOLA, FL 32390

New Principal Place of Business:

Current Mailing Address:

233 WATER STREET
APALACHICOLA, FL 32390

New Mailing Address:

P.O. BOX 697
APALACHICOLA, FL 32329

FEI Number: 20-8100920

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARD, WALTER MACK
233 WATER STREET
APALACHICOLA, FL 32390 US

Name and Address of New Registered Agent:

WARD, WALTER MACK
2620 BLUFF ROAD
APALACHICOLA, FL 32320 US

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:

04/24/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WARD, THOMAS LEE
Address: 233 WATER STREET
City-St-Zip: APALACHICOLA, FL 32390

Title: MGR () Delete
Name: WARD, WALTER MACK
Address: 233 WATER STREET
City-St-Zip: APALACHICOLA, FL 32390

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WARD, THOMAS LEE
Address: 137 LONG ROAD
City-St-Zip: APALACHICOLA, FL 32320

Title: MGR (X) Change () Addition
Name: WARD, WALTER MACK
Address: 2620 BLUFF ROAD
City-St-Zip: APALACHICOLA, FL 32390

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: WALTER M WARD

MGR

04/24/2007

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