

**FILED**  
**Aug 24, 2007 8:00 am**  
**Secretary of State**

DOCUMENT # L06000109044

**Mailing Address**  
567 PINEY ISLAND DRIVE  
FERNANDINA BEACH, FL 32034

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

Zip

Country

CR2E083 (12/06)

20-587081

Not Applicable
----------------



**\$5.00 Additional  
Fee Required**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Make check payable to  
Florida Department of State**

10.	ADDITIONS/CHANGES
-----	-------------------

TITLE	MSRM	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REDMOND THOMAS		
STREET ADDRESS	567 PINELY ISLAND DRIVE		
CITY-ST-ZIP	FERNNANDINA BEACH FL 32034		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

THOMAS A. REDMOND

22 Aug 07

(904) 557-6076

Date: \_\_\_\_\_

Daytime Phone # \_\_\_\_\_