

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000109426

Entity Name: 393, LLC

FILED
Jan 21, 2008
Secretary of State

Current Principal Place of Business:

1234 AIRPORT ROAD
126
DESTIN, FL 32541

New Principal Place of Business:

19 BAYSHORE DRIVE
SHALIMAR, FL 32579

Current Mailing Address:

1234 AIRPORT ROAD
126
DESTIN, FL 32541

New Mailing Address:

19 BAYSHORE DRIVE
SHALIMAR, FL 32579

FEI Number: 35-2286407

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEYER, FREDRICK S
19 BAYSHORE DRIVE
SHALIMAR, FL 32579 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: MGMR () Delete
Name: MEYER, FREDRICK S
Address: 19 BAYSHORE DRIVE
City-St-Zip: SHALIMAR, FL 32579

Title: MGMR (X) Delete
Name: JENKINS, MICHAEL S
Address: 1234 AIRPORT ROAD, SUITE 126
City-St-Zip: DESTIN, FL 32541

Title: MGMR (X) Delete
Name: STANFORD, EDWIN L JR
Address: 1234 AIRPORT ROAD, SUITE 126
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: FREDRICK S MEYER

MGRM

01/21/2008

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