2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

03-22-2007 90177 029 ****50.00
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FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02092007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000113480

1. Entity Name
GLEATON & DEMARIA COMMERCIAL DEVELOPMENT, LLC

Principal Place of Business	Mailing Address
21 E. GARDEN STREET NO. 207 PENSACOLA, FL 32502	21 E. GARDEN STREET NO. 207 PENSACOLA, FL 32502

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 76-0842819 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DEMARIA, F. BRIAN FOR QUALITY INVESTMENTS & BROKERAGE 21 E. GARDEN STREET NO. 207 PENSACOLA, FL 32502	Name BRIAN DEMARIA FOR QUALITY INVESTMENTS & BROKERAGE Street Address (P.O. Box Number is Not Acceptable) 21 E. GARDEN ST SUITE 207 City PENSACOLA FL Zip Code 32502

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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE MGR NAME ERIC GLEATON FOR ERIC GLEATON REALTY STREET ADDRESS 102 EAST 9 MILE ROAD CITY-ST-ZIP PENSACOLA FL 32534	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE MGR NAME BRIAN DEMARIA FOR QUALITY INVESTMENTS & BROKERAGE STREET ADDRESS 21 E. GARDEN ST SUITE 2 CITY-ST-ZIP PENSACOLA FL 32502	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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] BRIAN DEMARIA 2/9/07 (850)470-0961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #