

**FILED**  
**Jun 04, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90073 001 \*\*\*300.00

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L06000114367</b> 1. Entity Name <b>DEER POINTE INVESTMENT, LLC</b>					
Principal Place of Business <b>40 S. PALAFOX STREET, SUITE 500          PENSACOLA, FL 32502</b>				Mailing Address <b>40 S. PALAFOX STREET, SUITE 500          PENSACOLA, FL 32502</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 940</b> Suite, Apt. #, etc.			
City & State Zip		City & State <b>Gulf Breeze, FL</b> Zip <b>32562</b>		4. FEI Number <b>593743261</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>BEGGS &amp; LANE, A REGISTERED LIMITED LIABILITY          501 COMMENDENCIA STREET          PENSACOLA, FL 32502</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
<b>Filing Fee is \$50.00          Due by May 1, 2007</b>		<b>Make check payable to          Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Managers</b> <b>David A. Brannen</b> <b>40 S. Palafox Place Suite 500</b> <b>Pensacola, FL 32502</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 606, Florida Statutes.					
<b>SIGNATURE: <u>David A. Brannen</u> David A. Brannen 2/15/07 850-434-7700</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					