FILED
Jun 16, 2008 8:00 am
Secretary of State

04-30-2008 90027 031 ***138.75

30009426

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000021899

1. Entity Name
IN TOWN INVESTMENTS MANAGEMENT, LLC

Principal Place of Business	Mailing Address
422 N. MAIN STREET CRESTVIEW, FL 32536 US	422 N. MAIN STREET CRESTVIEW, FL 32536 US

04282008 Chg-LLC CR2E083 (12/06)

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 20-8619555 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

POWELL, AVA F
422 N. MAIN STREET
CRESTVIEW, FL 32536

7. Name and Address of New Registered Agent

Name POWELL, AVA S.
Street Address (P.O. Box Number is Not Acceptable)
422 N. MAIN STREET
City CRESTVIEW FL Zip Code 32536

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 Ava S. Powell 4-29-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER GILLIS E. POWELL SR., TRUSTEE 441 W. MIRACLE STRIP PKWY MARY ESTHER, FLA. 32569	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER, VP & SECRETARY GILLIS E. POWELL, JR. 175 RIDGE LAKE ROAD CRESTVIEW, FLA. 32536	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER VP + TREASURER DIXIE D. POWELL 2033 W. JAMES LEE BLVD. CRESTVIEW, FLA. 32536	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER, PRESIDENT AVA S. POWELL 441 W. MIRACLE STRIP PKWY MARY ESTHER, FLA. 32569	☐ 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: Ava S. Powell 4-24-08 850 664-5564
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #