

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000047562

FILED
Apr 08, 2008
Secretary of State

Entity Name: FPF CONDO, LLC

Current Principal Place of Business:

330 FOXHALL ROAD
PIKE ROAD, AL 36064

New Principal Place of Business:

Current Mailing Address:

330 FOXHALL ROAD
PIKE ROAD, AL 36064

New Mailing Address:

FEI Number: 26-0263045

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DENISON, JOE
1020 SOUTH FERDON BLVD.
CRESTVIEW, FL 32536 US

Name and Address of New Registered Agent:

FARRIS, BOB
100 SEASCAPE DRIVE
UNIT 404
DESTIN, FL 32550 US

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: BOB FARRIS

04/08/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FARRIS, MARY ELIZABETH
Address: 330 FOXHALL ROAD
City-St-Zip: PIKE ROAD, AL 36064

Title: MGRM () Delete
Name: FARRIS, HARRY W
Address: 1557 VALLEY VIEW CIRCLE
City-St-Zip: BIRMINGHAM, AL 35209

Title: MGR () Delete
Name: FARRIS, ROBERT D
Address: 330 FOXHALL ROAD
City-St-Zip: PIKE ROAD, AL 36064

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: MARY ELIZABETH FARRIS

MGME

04/08/2008

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