

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000047562

FILED  
Feb 20, 2009  
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:**

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

MEMB

02/20/2009

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