

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000075366

FILED
Apr 27, 2008
Secretary of State

Entity Name: TILMER TRUST, LLC

Current Principal Place of Business:

4300 ROXBOROUGH PLACE
PENSACOLA, FL 32514

New Principal Place of Business:

334 S. FIRST ST.
PENSACOLA, FL 32507 US

Current Mailing Address:

4300 ROXBOROUGH PLACE
PENSACOLA, FL 32514

New Mailing Address:

334 S. FIRST ST.
PENSACOLA, FL 32507 US

FEI Number: 26-0569814

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMMOND, TILMER E
4300 ROXBOROUGH PLACE
PENSACOLA, FL 32514 US

Name and Address of New Registered Agent:

HAMMOND, TILMER E
334 S. FIRST ST.
PENSACOLA, FL 32507 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: TILMER E. HAMMOND

04/27/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HAMMOND, TILMER E
Address: 4300 ROXBOROUGH PLACE
City-St-Zip: PENSACOLA, FL 32514

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HAMMOND, TILMER E
Address: 334 S. FIRST ST
City-St-Zip: PENSACOLA, FL 32507 US

Title: ASST () Change (X) Addition
Name: HAMMOND, ROBERTA G
Address: 334 S. FIRST ST.
City-St-Zip: PENSACOLA, FL 32507 US

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: TILMER E. HAMMOND

MGR

04/27/2008

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