

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000078103

FILED  
Mar 15, 2011  
Secretary of State

**Entity Name:** FERDINAND PROPERTIES, LLC

**Current Principal Place of Business:**

307 SOUTH PALAFOX STREET  
PENSACOLA, FL 32502

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE DRAWER 13430  
PENSACOLA, FL 32591

**New Mailing Address:**

**FEI Number:** 26-0580816

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILSON, JAMES M  
307 SOUTH PALAFOX STREET  
PENSACOLA, FL 32502 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  
Name: WILSON, JAMES M  
Address: 307 SOUTH PALAFOX STREET  
City-St-Zip: PENSACOLA, FL 32502

Title: MGRM  
Name: HARRELL, C. MINER  
Address: 307 SOUTH PALAFOX STREET  
City-St-Zip: PENSACOLA, FL 32502

Title: MGRM  
Name: FARRINGTON, WILLIAM E II  
Address: 307 SOUTH PALAFOX STREET  
City-St-Zip: PENSACOLA, FL 32502

Title: MGRM  
Name: FORD, J. STEVEN  
Address: 307 SOUTH PALAFOX STREEET  
City-St-Zip: PENSACOLA, FL 32502

Title: MGRM  
Name: SPAIN, ADRIANNA  
Address: 307 SOUTH PALAFOX STREET  
City-St-Zip: PENSACOLA, FL 32502

Title: MGRM  
Name: PARSONS, ELIZABETH  
Address: 307 SOUTH PALAFOX STREET  
City-St-Zip: PENSACOLA, FL 32502

I hereby 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: JAMES WILSON

MGRM

03/15/2011

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