2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L07000078482

Entity Name: KIMBRELL SCOTT, LLC

Current Principal Place of Business:

103 HOLLYWOOD BLVD. W. STE A
FT. WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

103 NW HOLLYWOOD BLVD STE A
FT. WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARSHALL, JOHN T
1283 N. EGLIN PARKWAY, STE A
SHALIMAR, FL 32579 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: PTD ( ) Delete
Name: KIMBRELL, GORDON
Address: 103 NW HOLLYWOOD BLVD STE A
City-St-Zip: FORT WALTON BEACH, FL 32548 US

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

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

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PTD ( ) Change (X) Addition
Name: SCOTT, GARY J
Address: 103 NW HOLLYWOOD BLVD STE A
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: SEC ( ) Change (X) Addition
Name: SCOTT, SHEILA A
Address: 103 NW HOLLYWOOD BLVD STE A
City-St-Zip: FORT WALTON BEACH, FL 32548 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: SHEILA SCOTT SEC 04/29/2009

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