2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State
04-28-2008 90037 040 ***138.75

60029785

04242008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000079719

1. Entity Name
LOUISE PROPERTIES, LLC

Principal Place of Business	Mailing Address
721 PENSACOLA BEACH BLVD., UNIT 301 PENSACOLA BEACH, FL 32561	721 PENSACOLA BEACH BLVD., UNIT 301 PENSACOLA BEACH, FL 32561

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
21 La Caribe Dr	21 La Caribe Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pensacola Beach, Fl	City & State: Pensacola Beach Fl.
Zip: 32561 / Country: USA	Zip: 32561 / Country: USA

4. FEI Number: 26-0654631 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
BEGGS & LANE, RLLP
50_ _OMMENDENCIA STREET
_ _NSACOLA, FL 32502

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M.GRM David Hightower 501 Commendencia St. Pensacola Fl 32502 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Robert Rinke 21 La Caribe Dr Pensacola Beach, Fl. 32561 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M.GRM Robert Rinke 21 La Caribe Dr. Pensacola Beach, Fl. 32561 ☒ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [signature] 4-24-08 850-469-3307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #