

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000090185

FILED
Jun 22, 2009
Secretary of State

Entity Name: GAWN PECAN, LLC

Current Principal Place of Business:

15801 LC HILTON DRIVE
SUITE 105
PANAMA CITY BEACH, FL 32413

New Principal Place of Business:

Current Mailing Address:

36 CREEK COURT
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 26-1075701 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

COFFIELD SACHS, COLLEEN
1719 S. COUNTY HWY 393
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

COFFIELD SACHS, COLLEEN
36468 EMERALD COAST PARKWAY
7102
DESTIN, FL 32541 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: _____

06/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DAUGHERTY, JOSHUA P
Address: 36 CREEK COURT
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGRM () Delete
Name: DAUGHERTY, KAREN T
Address: 36 CREEK COURT
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES:

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: JOSHUA P. DAUGHERTY

MGRM

06/22/2009

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