

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Mar 26, 2008 8:00 am
Secretary of State

03-26-2008 90114 001 ***138.75

60017250



01222008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L98000001872					
1. Entity Name CUT/ABOVE HUNTING CAMP L.C.					
Principal Place of Business 501 COMMENDENCIA STREET PENSACOLA, FL 32502			Mailing Address P.O. BOX 12950 PENSACOLA, FL 32591-2950		
2. Principal Place of Business - No P.O. Box # 12208 CR 1			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Uriah, Alabama			City & State		
Zip 36480		Country United States		4. FEI Number 59-3538752	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent DANIEL, J. NIXON III 501 COMMENDENCIA STREET PENSACOLA, 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 _____ (NOTE: Registered Agent signature required when resigning) 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	MGR ENNIS, A. LESTER 3298 SUMMIT BLVD., SUITE 27 PENSACOLA, FL 32503	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MITCHEM, W. SPENCER 501 COMMENDENCIA STREET PENSACOLA, FL 32502	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>W. Spencer Mitchem</i>			Date: 2/27/08 Daytime Phone #: 850/432-2451		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		