2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT



DOCUMENT # L99000002066 02-20-2006 90139 048 ****50 00 1. Entity Name THE 395 L.L.C. Principal Place of Business Mailing Address 20008903 216 FOREST STREET 216 FOREST STREET SEAGROVE BEACH, FL 32459 SEAGROVE BEACH, FL 32459 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02062006 CR2E083 (11/05) Chg-LLC Applied For 4. FEI Number City & State City & State 59-3580001 Not Applicable Country Zip. \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BUZZETT, WILLIAM A** Street Address (P.O. Box Number is Not Acceptable) 216 FOREST STREET SEAGROVE BEACH, FL 32459 City 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. MGRM ☐ Addition TITLE ☐ Delete TITLE MCNEIL, PHILLIP H SR NAME NAME STREET ADDRESS 7700 WOLF RIVER BLVD STREET ADDRESS GERMANTOWN, TN 38138 CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change ☐ Addition TITLE NAME BREAUX, JOHN MARK NAME STREET ADORESS STREET ADDRESS 159 GRAYTON TRAILS ROAD GRAYTON BEACH, FL 32459 CITY-ST-ZIE CITY-SY-ZIP MGRM ☐ Change ☐ Addition TITLE ☐ Delete **BUZZETT, WILLIAM A** NAME NAME 216 FOREST STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEAGROVE BEACH, FL 32459 Change ☐ Addition Delete TITLE TITLE **MGRM** CHRIST, THOMAS C NAME MARKE

11. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

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TITLE NAME

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SIGNATURE:

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NAME

35 CLAYTON LANE

SANTA ROSA BEACH, FL 32459

NTED MAKE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Delete

☐ Delete

FILED

Feb 20, 2006 8:00 am Secretary of State

☐ Addition

☐ Addition

П Спалое

☐ Change