

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 14, 2007 08:00 AM
Secretary of State

DOCUMENT # L99000002066

1. Entity Name
THE 395 L.L.C.



Principal Place of Business

216 FOREST STREET
SEAGROVE BEACH, FL 32459

Mailing Address

216 FOREST STREET
SEAGROVE BEACH, FL 32459



03062007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3580001

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUZZETT, WILLIAM A
216 FOREST STREET
SEAGROVE BEACH, FL 32459

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$50.00
Due by May 1, 2007

U000000666529
03/23/07-80074-002 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|----------------------------|
| TITLE | MGRM |
| NAME | MCNEIL, PHILLIP H SR |
| STREET ADDRESS | 7700 WOLF RIVER BLVD |
| CITY-ST-ZIP | GERMANTOWN, TN 38138 |
| TITLE | MGRM |
| NAME | BREAUX, JOHN MARK |
| STREET ADDRESS | 159 GRAYTON TRAILS ROAD |
| CITY-ST-ZIP | GRAYTON BEACH, FL 32459 |
| TITLE | MGRM |
| NAME | BUZZETT, WILLIAM A |
| STREET ADDRESS | 216 FOREST STREET |
| CITY-ST-ZIP | SEAGROVE BEACH, FL 32459 |
| TITLE | MGRM |
| NAME | CHRIST, THOMAS C |
| STREET ADDRESS | 3 ADAIR LANE |
| CITY-ST-ZIP | SANTA ROSA BEACH, FL 32459 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/13/07 850-231-1248

Date

Daytime Phone #