## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L99000002066

Entity Name: THE 395 L.L.C.

Address:

City-St-Zip:

3 ADAIR LANE

SANTA ROSA BEACH, FL 32459

FILED Apr 15, 2009 Secretary of State

| Current Principal Place of Business:  |   |                                  | New Principal Place of Business:            |  |
|---|---|----------------------------------|---|--|
|   | ST STREET<br>E BEACH, FL  | . 32459                          |   |  |
| Current Mailing Address:  |   |                                  | New Mailing Address:                        |  |
| 110 LOGAN<br>SUITE 1<br>SANTA RC  | N LANE<br>DSA BEACH, I  | FL 32459                         |   |  |
| FEI Number:   | 59-3580001  | FEI Number Applied For ( )       | FEI Number Not Applicable ( )               | Certificate of Status Desired (X)      |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: |   |                                  |   |  |
| 216 FORES   | WILLIAM A<br>ST STREET<br>E BEACH, FL   | . 32459 US                       |   |  |
| The above in the State  |   | submits this statement for the p | ourpose of changing its register            | ed office or registered agent, or both |
| SIGNATUR  | RE:   |                                  |   |  |
|   | Electro   | nic Signature of Registered Age  | ent   | Date                                   |
| MANAGING MEMBERS/MANAGERS:  |   |                                  | ADDITIONS/CHANGES:                          |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | MGRM (<br>MCNEIL, PHILI<br>7700 WOLF R<br>GERMANTOW   | VER BLVD                         | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | MGRM () Delete<br>BREAUX, JOHN MARK<br>110 LOGAN LANE, SUITE 1<br>p: SANTA ROSA BEACH, FL 32459 |                                  | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   |   |                                  | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                  |
| Title:<br>Name:   | MGRM ( ) Delete<br>CHRIST, THOMAS C   |                                  | Title:<br>Name:                             | () Change () Addition                  |

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.

Address:

City-St-Zip:

SIGNATURE: J. MARK BREAUX MGRM 04/15/2009