

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000002349

Entity Name: KIPLING MANOR, L.L.C.

FILED  
May 19, 2008  
Secretary of State

**Current Principal Place of Business:**

7901 KIPLING STREET  
PENSACOLA, FL 32514

**New Principal Place of Business:**

**Current Mailing Address:**

7901 KIPLING STREET  
PENSACOLA, FL 32514

**New Mailing Address:**

FEI Number: 59-3572997      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:**

**Name and Address of New Registered Agent:**

WILLIAMS, ELAINE  
505 JAMES RIVER RD.  
GULF BREEZE, FL 32561      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: WILLIAMS, ELAINE  
Address: 505 JAMES RIVER RD.  
City-St-Zip: GULF BREEZE, FL 32561

**ADDITIONS/CHANGES:**

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: ELAINE WILLIAMS

MGRM

05/19/2008

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