# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2007
Secretary of State

DOCUMENT# M03000001157

**Entity Name:** NOLA181, LLC

**Current Principal Place of Business:**

374 RUE CARIBE
DESTIN, FL 32550

**New Principal Place of Business:**

**Current Mailing Address:**

805 BEACHCOMBER DR.
LYNN HAVEN, FL 32444

**New Mailing Address:**

**FEI Number: 42-1582122** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

GARLAND, LAURA R
850 BEACHCOMBER DRIVE
LYNN HAVEN, FL 32444 US

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

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: MGR ( ) Delete
Name: GARLAND, PAUL E
Address: 805 BEACHCOMBER DRIVE
City-St-Zip: LYNN HAVEN, FL 32444

Title: MGR ( ) Delete
Name: GARLAND, LAURA R
Address: 805 BEACHCOMBER DRIVE
City-St-Zip: LYNN HAVEN, FL 32444

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PAUL E GARLAND MGR 04/11/2007

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