

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000004368

Entity Name: RUDDER PROPERTIES LLC

FILED
May 24, 2007
Secretary of State

Current Principal Place of Business:

110 EAST FLEMING ROAD
MONTGOMERY, AL 36105

New Principal Place of Business:

Current Mailing Address:

110 EAST FLEMING ROAD
MONTGOMERY, AL 36105

New Mailing Address:

FEI Number: 76-0805415 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:

RUDDER, TIMOTHY L
5465 BELLVIEW AVENUE
PENSACOLA, FL 32526 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: MGR () Delete
Name: RUDDER, TIMOTHY L
Address: PO BOX 250013
City-St-Zip: MONTGOMERY, AL 36125

Title: MGR () Delete
Name: RUDDER, CATHERINE L
Address: PO BOX 250013
City-St-Zip: MONTGOMERY, AL 36125

Title: MGR () Delete
Name: NUTT, MARY L
Address: PO BOX 250013
City-St-Zip: MONTGOMERY, AL 36125

ADDITIONS/CHANGES:

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

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 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: MARY NUTT

MGR

05/24/2007

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