

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000000324

**FILED**  
**Jan 14, 2010**  
**Secretary of State**

**Entity Name:** ANNABELLAS ASSET MANAGEMENT LLC

**Current Principal Place of Business:**

2303 E. PASS ROAD  
GULFPORT, MS 39507

**New Principal Place of Business:**

**Current Mailing Address:**

2303 E. PASS ROAD  
GULFPORT, MS 39507

**New Mailing Address:**

P.O. BOX 1380  
OCEAN SPRINGS, MS 39566

**FEI Number:** 26-3912426

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARVER,DARDEN,KORETZKY,TESSIER,FINN,BLOSSM  
1300 W. MAIN STREET  
PENSACOLA, FL 32502 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  
**Name:** BRUMFIELD, WILLIAM L  
**Address:** PO BOX 1380  
**City-St-Zip:** OCEAN SPRINGS, MS 39566

**Title:** MGR  
**Name:** ABDO, STEVE  
**Address:** 6724 TUNICA STREET  
**City-St-Zip:** BILOXI, MS 39532

I hereby 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:** WILLIAM LEE BRUMFIELD

MEM

01/14/2010

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