


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90026 004 \*\*\*138.75

**DOCUMENT # L04000044803**

1. Entity Name  
**40 HEAD, LLC**



Principal Place of Business <b>181 PINE STREET          SANTA ROSA BEACH, FL 32459</b>	Mailing Address <b>181 PINE STREET          SANTA ROSA BEACH, FL 32459</b>
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**DO NOT WRITE IN THIS SPACE**



04052008 No Chg-LLC CR2E083 (12/07)

4. FEI Number <b>26-2342170</b>	Applied For
<b>NOT APPLICABLE</b>	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**COVELL, SCOTT M  
 181 PINE STREET  
 SANTA ROSA BEACH, FL 32459**

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COVELL, SCOTT M 181 PINE STREET SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COVELL, WILLIAM R 2409 GEORGETOWN AVENUE BARTLESVILLE, OK 74006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SILVA, JEAN C 107 BUNKERS COVE ROAD PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COVELL, JAMES P 709 CHESAPEAKE DRIVE GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Scott M. Covell* *W.R. Covell* *J.P. Covell* *6/17/08* *850.450.5645*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #