

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000021773	
1. Entity Name KOEHNEMANN + GIBBS HOMEVENTURES, LLC	

Principal Place of Business 439 GRACE AVENUE PANAMA CITY, FL 32401	Mailing Address 439 GRACE AVENUE PANAMA CITY, FL 32401
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DO NOT WRITE IN THIS SPACE



02102004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 76-0710558	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent GIBBS, BARRY L 439 GRACE AVENUE PANAMA CITY, FL 32401	DO NOT WRITE IN THIS SPACE
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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 _____ Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when registering)	DATE _____
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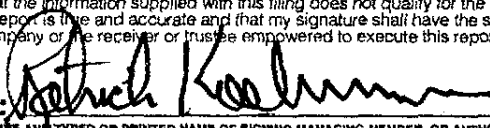
Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGR GIBBS, BARRY L 439 GRACE AVENUE PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGR KOEHNEMANN, PATRICK M 439 GRACE AVENUE PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
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TITLE NAME STREET ADDRESS CITY-ST- ZIP	

U000000046678
02/12/04-80010-007 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 60B, Florida Statutes.

SIGNATURE: 	2-10-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	