2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

<u>Aug</u> 17, 2005 08:00 AM

Secretary of State

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DOCUMENT # I 1. Entity Name BROCK & STOUT, LL	//04000005528 ° c			Sec	retary of State
Principal Place of Business Mailing Address 2101 NORTHSIDE DR., STE. 304 2101 NORTHSIDE DR., STE. 304 PANAMA CITY, FL 32405 PANAMA CITY, FL 32405					
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				08112005 No Chg-LLC	
STOUT, GARY W 2101 NORTHSIDE DR., PANAMA CITY, FL 3240	STE. 304	gent.		DO NOT WE	
8. The above named entity submits this statement for the purpose of changing its registered office of 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 relinstating) DATE					
Filing Fee is \$50.00 Due by September 7, 2005					
9. TITLE MGRM NAME BROCK, MICH STREET ADDRESS 807 E. LEE ST ENTERPRISE TITLE MGRM NAME STOUT, GARY	REET , AL 36330	RS		H000001 08/17/05-8	376588 30004-007 50.00
STREET ADDRESS 807 E. LEE ST CITY-ST-ZIP ENTERPRISE TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WI	RITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	vention appelled with this EU-a de-	not qualify for the average	motion stated in C-	Nico 110 07/9VD Elorida Statuta - 15	where early that the information
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 cath; 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: Gary Stut 8/15/05 (334)393-4357					