


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90177 017 ****50.00


DOCUMENT # L03000012500
 1. Entity Name
E & M, LLC



Principal Place of Business: **7041 HIRAMS ROAD SOUTHPORT FL 32409**
 Mailing Address: **P.O. BOX 382 LYNN HAVEN FL 32444**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 Zip: _____ Country: _____



1st MOORE CR2E083 (10/04)
 4. FEI Number: **20-0449120**
 Applied For: Not Applicable
 5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
CATONEY, WILLIAM M
7041 HIRAMS ROAD
SOUTHPORT FL 32409

7. Name and Address of New Registered Agent
 Name: **CHATONEY, WILLIAM M**
 Street Address (P.O. Box Number is Not Acceptable): **7041 HIRAMS ROAD**
 City: **SOUTHPORT FL** Zip Code: **32409**

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: *William M. Chatoney* (NOTE Registered Agent signature required when reinstating)
 DATE: **2-7-05**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CHADRONEY, WILLIAM M	
STREET ADDRESS	7041 HIRAMS ROAD	
CITY-ST-ZIP	PANAMA CITY FL 32409	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CHADERAY, ELIZABETH D	
STREET ADDRESS	7041 HIRAMS ROAD	
CITY-ST-ZIP	PANAMA CITY FL 32409	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHATONEY, WILLIAM M	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHATONEY, ELIZABETH D	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 608, Florida Statutes.

SIGNATURE: *William M. Chatoney* **WILLIAM M CHATONEY MGRM**
 DATE: **2-7-05** DAYTIME PHONE #: **850-271-0555**