

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90063 042 ****50.00

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1. Entity Name

THE THREE MUSKETEERS OF N.W. FLORIDA L.L.C.



Principal Place of Business

321 HWY 98 EAST
DESTIN, FL 32541

Mailing Address

321 HWY 98 EAST
DESTIN, FL 32541

24055703



03112004 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number

59-3660325

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required.

6. Name and Address of Current Registered Agent

CHESSER, MICHAEL D
1201 EGLIN PARKWAY
SHALIMAR, FL 32579

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
PETERSON, DALE E
321 HWY 98 EAST
DESTIN, FL 32541

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
PAINE, KEN
3617 GOLDSYS WAY
DESTIN, FL 32541

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
DIAMOND DUNES LLC
4041 INDIAN BAYOU N
DESTIN, FL 32541

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #