

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 26, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000010055

1. Entity Name
FIDDLER'S COVE DEVELOPMENT COMPANY, L.L.C.



Principal Place of Business

1122 BALL ST STE B
PERRY, GA 31069

Mailing Address

2004 TUCKER RD.
PERRY, GA 31069

DO NOT WRITE IN THIS SPACE



03222005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3666792

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALTERS, ELIZABETH J
221 MCKENZIE AVENUE
PANAMA CITY, FL 32401

**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 _____

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

(NOTE: Registered Agent signature required when re-instating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

U000000277473

03/26/05-80031-007 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|---------------------|
| TITLE | MGRM |
| NAME | KLEIN, HERMAN F JR. |
| STREET ADDRESS | 1122 BALL ST STE B |
| CITY-ST-ZIP | PERRY, GA 31069 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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)(f), 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

3-24-05

Date

478-988-3765

Daytime Phone #