

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90187 009 ****50.00

DOCUMENT # L00000013844

1. Entity Name
THE GARDEN INVESTMENT CLUB L.L.C.



Principal Place of Business
**1221 AIRPORT ROAD, SUITE 207
DESTIN, FL 32541**

Mailing Address
**P.O. BOX 5497
DESTIN, FL 32540**

44018792



02072004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3667796

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ELY, JACKIE
1221 AIRPORT ROAD, SUITE 206
DESTIN, FL 32541**

**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 reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE **M**
NAME **CARPENTER, MICHELE**
STREET ADDRESS **1221 AIRPORT RD., STE 207**
CITY-STATE-ZIP **DESTIN, FL 32541**

TITLE **M**
NAME **CAMPBELL, DAVID**
STREET ADDRESS **1221 AIRPORT RD., STE 207**
CITY-STATE-ZIP **DESTIN, FL 32541**

TITLE **M**
NAME **DAVIS, BRAD**
STREET ADDRESS **1221 AIRPORT RD., STE 207**
CITY-STATE-ZIP **DESTIN, FL 32541**

TITLE **M**
NAME **ELY, JACKIE**
STREET ADDRESS **1221 AIRPORT RD., STE 206**
CITY-STATE-ZIP **DESTIN, FL 32541**

TITLE **M**
NAME **BONEZZI, ROBERT**
STREET ADDRESS **1221 AIRPORT RD., STE 207**
CITY-STATE-ZIP **DESTIN, FL 32541**

TITLE **M**
NAME **GRAHAM, JILL**
STREET ADDRESS **1221 AIRPORT RD., STE 207**
CITY-STATE-ZIP **DESTIN, FL 32541**

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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)(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

JACQUELINE ELY

2.10.04

Date

850.650.3303

Daytime Phone #