


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90037 013 \*\*\*\*50.00

<b>DOCUMENT # L01000001836</b>	
1. Entity Name CAPTAIN KIDD REEF, LLC	

Principal Place of Business 7263 CAPTAIN KIDD REEF PENSACOLA, FL 32507	Mailing Address 7263 CAPTAIN KIDD REEF PENSACOLA, FL 32507
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04142005No Chg-LLC      CR2E083 (10/03)

4. FEI Number 59-3701433	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  DAVENPORT, JAMES D 7263 CAPTAIN KIDD REEF PENSACOLA, FL 32507
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**DO NOT WRITE  
IN THIS SPACE**

B. 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, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DAVENPORT, JAMES D 7253 CAPTAIN KIDD REEF PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Davenport, Alison R 7263 Capt. Kidd Reef P'Cola, FL 32507</i>
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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:** *X Alison R Davenport*      *4-26-05*    *800 492-0659*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #