

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

06-10-2004 90191 007 ****50.00

DOCUMENT # L01000002239	
1. Entity Name CHANNEL MARKER 71 BARRIER ISLAND BED & BREAKFAST, LLC	

Principal Place of Business 7601 A1A SOUTH ST. AUGUSTINE, FL 32080	Mailing Address 7601 A1A SOUTH ST. AUGUSTINE, FL 32080
--	--

14060711



06072004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3719186	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent MICHAEL, HEATHER D 7601 A1A SOUTH ST AUGUSTINE, FL 32080

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MICHAEL, HEATHER D 7601 A1A SOUTH ST AUGUSTINE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MICHAEL, WARREN T JR 7601 A1A SOUTH ST AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MICHAEL, BRITTANY S 7601 A1A SOUTH ST AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MICHAEL, HEATHER 7601 A1A SOUTH ST. AUGUSTINE, FL 32080
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MICHAEL, WARREN T JR 7601 A1A SOUTH ST. AUGUSTINE, FL 32080
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: Michael D. Michael owner 6-6-04 904 461 4288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #