

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 13, 2006 08:00 AM
Secretary of State**

DOCUMENT # L01000002239

1. Entity Name
**CHANNEL MARKER 71 BARRIER ISLAND INN &
RESTAURANT LLC**



Principal Place of Business
**7601 A1A SOUTH
ST. AUGUSTINE, FL 32080**

Mailing Address
**7601 A1A SOUTH
ST. AUGUSTINE, FL 32080**



01032006No Chg-LLC

CR2E083 (11/05)

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

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	MICHAEL, HEATHER D
STREET ADDRESS	7601 A1A SOUTH
CITY-ST-ZIP	ST AUGUSTINE, FL
TITLE	VP
NAME	MICHAEL, WARREN T JR
STREET ADDRESS	7601 A1A SOUTH
CITY-ST-ZIP	ST AUGUSTINE, FL 32080
TITLE	VP
NAME	MICHAEL, BRITTANY S
STREET ADDRESS	7601 A1A SOUTH
CITY-ST-ZIP	ST AUGUSTINE, FL 32080
TITLE	S
NAME	MICHAEL, HEATHER
STREET ADDRESS	7601 A1A SOUTH
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080
TITLE	T
NAME	MICHAEL, WARREN T JR
STREET ADDRESS	7601 A1A SOUTH
CITY-ST-ZIP	ST. AUGUSTINE, FL 32080
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000386313
01/18/06-80055-008 55.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Heather D Michael*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-4-06 904-461-4288