

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000005841

FILED
Mar 08, 2005
Secretary of State

Entity Name: BAYSIDE MARINA OF PANAMA CITY BEACH, L.L.C.

Current Principal Place of Business:

208 FAIRWAY WOODS DRIVE
OZARK, AL 36360

New Principal Place of Business:

6327 BIG DADDY DR.
PANAMA CITY BEACH, FL 32407

Current Mailing Address:

P.O. BOX 1452
DOTHAN, AL 36302

New Mailing Address:

FEI Number: 59-3725275

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIEHN, RONALD W ESQ.
220 MCKENZIE AVE.
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BRAUER, MIKE
Address: 208 FAIRWAY WOODS DRIVE
City-St-Zip: OZARK, AL 36360

Title: MGR () Delete
Name: WALLACE, COOLEY
Address: 210 SPEIGNER ST.
City-St-Zip: DOTHAN, AL 36303

Title: MGR () Delete
Name: MANNING, SANDERS
Address: 2526 W. MAIN STREET
City-St-Zip: DOTHAN, AL 36303

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: WALLACE COOLEY

MGR

03/08/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date