## 2005 LIMITED LIABILITY COMPANY

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

PED OR PHINKED NAME OF

## Apr 02, 2005 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # L01000012214** QUAYSIDE PROPERTIES, LLC Principal Place of Business = Mailing Address 700 SOUTH PALAFOX ST., STE. 245 700 SOUTH PALAFOX ST., STE. 245 PENSACOLA, FL 32501 PENSACOLA, FL 32501 CR2E083 (10/03) 03292005 No Cha-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2103619 Not Applicable \$5.00 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent THOMPSON, R. CLARK DO NOT WRITE 700 SOUTH PALAFOX ST., STE. 245 PENSACOLA, FL 32501 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 UP0000284964 04/02/05-80026-006 50.00 MANAGING MEMBERS/MANAGERS 9. TITLE MGRM THOMPSON, R. CLARK NAME 700 SOUTH PALAFOX STREET STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32501 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(7), Flórida 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 of the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**FILED**