


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90185 009 ****50.00

DOCUMENT # L01000014028	
1. Entity Name WILLIS, KRENKEL & MACLIN PROPERTIES, L.L.C.	

Principal Place of Business 164 BLUE LUPINE WAY 2714 W. Co Rd 30A SANTA ROSA BEACH, FL 32459	Mailing Address 164 BLUE LUPINE WAY 2714 W. Co Rd 30A SANTA ROSA BEACH, FL 32459
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240300



04152004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 72-0188199	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent MCGILL, ROBERT E III 36008 EMERALD COAST PKWY., STE. 301 DESTIN, FL 32541
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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, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MACLIN, HENRY III 164 BLUE LUPINE WAY 2714 W. County Rd 30A SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIS, RONNIE 164 BLUE LUPINE WAY 2714 W. County Rd 30A SANTA ROSA BEACH, FL 32459
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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: *[Signature]* **April 15/04** **850-622-9156**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #