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2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000014028

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

FILED
2005 MAY -5 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2714 W CO RD 30A SANTA ROSA BEACH, FL 32459	2714 W CO RD 30A SANTA ROSA BEACH, FL 32459

DO NOT WRITE IN THIS SPACE

05022005No Chg-LLC CR2E083 (10/03)

4. FEI Number ~~72-0188199~~ 59-3316942 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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 September 7, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	MACLIN, HENRY III
STREET ADDRESS	2714 W COUNTY RD 30A
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459
TITLE	MGRM
NAME	WILLIS, RONNIE
STREET ADDRESS	2714 W COUNTY RD 30A
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Henry W Maclin 5-3-05 8506229156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #