

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000014690**

1. Entity Name  
**COURTYARD MILLPOND OPERATIONS, L.L.C.**



Principal Place of Business  
803 N. CALHOUN ST.  
TALLAHASSEE, FL 32303

Mailing Address  
803 N. CALHOUN ST.  
TALLAHASSEE, FL 32303



01142006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1133488**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MACK, THEODORE E  
803 N. CALHOUN ST.  
TALLAHASSEE, FL 32303

**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 MGR  
NAME MACK, THEODORE E  
STREET ADDRESS 803 N. CALHOUN ST.  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE MGR  
NAME HINSON, JERRY W  
STREET ADDRESS 803 N. CALHOUN ST.  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE MGR  
NAME JANSENIUS, ANNETTE B  
STREET ADDRESS 803 N. CALHOUN ST.  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE MGR  
NAME MARIANNA RE, LLC  
STREET ADDRESS 803 N. CALHOUN ST.  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000424785  
02/18/06-80065-018 50.00

**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:** \_\_\_\_\_

Jerry Hinson  
Manager

1/24/2006 850-638-4654

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #