


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000001264 1. Entity Name APALACHEE BAY PROPERTIES, LLC	
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Principal Place of Business 101 S. MARINE STREET P.O. BOX 815 CARRABELLE, FL 32322 US	Mailing Address P.O. BOX 815 CARRABELLE, FL 32322 US
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02112005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 74-3064947	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent LAWHON, MARY E 2473 CRAWFORDVILLE HIGHWAY CRAWFORDVILLE, FL 32327
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

Filing Fee is \$50.00 Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAWHON, MARY E 77 R. L. McDONALD ROAD CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THURMAN, MARK M P. O. BOX 422 CRAWFORDVILLE, FL 32346
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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)(f), 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: <i>Mary E. Lawhon</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<i>2-11-05 850-697-9505</i> <small>Date Daytime Phone #</small>
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