

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L02000001784

1. Entity Name
CARRABELLE BEACH PROPERTIES, LLC



Principal Place of Business
**318 NORTH MONROE ST.
TALLAHASSEE, FL 32301**

Mailing Address
**PO BOX 467
TALLAHASSEE, FL 32302**

DO NOT WRITE IN THIS SPACE



04062005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
02-0566970

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LOVETT, JOHN C ESQ.
106 EAST COLLEGE AVE., STE. 1200
TALLAHASSEE, FL 32301**

**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 retaking)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SKELDING & COX, P.A.
STREET ADDRESS	318 NORTH MONROE ST.
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	MGRM
NAME	DEELS, KENT C TRUSTEE
STREET ADDRESS	1208 HAYS ST.
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000300341
04/12/05-80016-018 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the 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: _____

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

Date

Daytime Phone #

Kevin C. Deels
Trustee

4/7/05

850 425-5056