

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90448 014 \*\*\*\*50.00

**DOCUMENT # L02000002057**

1. Entity Name

**PREBLE RISH PROPERTIES LLC**



Principal Place of Business

**301 E 1ST ST 3RD FLR  
PORT ST JOE, FL 32456**

Mailing Address

**PO BOX 639  
PORT SAINT JOE, FL 32457**

**DO NOT WRITE IN THIS SPACE**



04202004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number

**03-0432723**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GIBSON, THOMAS S  
206 E. FOURTH ST.  
PORT ST JOE, FL 32457**

**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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
RISH, RALPH P  
PO BOX 639  
PORT SAINT JOE, FL 32457**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
PREBLE, GREGORY S  
PO BOX 639  
PORT SAINT JOE, FL 32457**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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)(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:**

*Ralph Rish* **Ralph Rish**

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

**4/20/04 (850) 227-7200**

Date

Daytime Phone #