

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000002057

FILED  
May 03, 2005  
Secretary of State

**Entity Name:** PREBLE RISH PROPERTIES LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 639  
PORT SAINT JOE, FL 32457

**New Mailing Address:**

FEI Number: 03-0432723      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

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

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR      ( ) Delete  
Name: RISH, RALPH P  
Address: PO BOX 639  
City-St-Zip: PORT SAINT JOE, FL 32457

Title: MGR      ( ) Delete  
Name: PREBLE, GREGORY S  
Address: PO BOX 639  
City-St-Zip: PORT SAINT JOE, FL 32457

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 P. RISH

MGR

05/03/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date