

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

03-11-2005 90054 037 \*\*\*\*\*55.00

**DOCUMENT # L02000002146**

1. Entity Name  
**SAFF PROPERTY, L.L.C.**



Principal Place of Business  
**1223 AIRPORT ROAD  
DESTIN, FL 32541**

Mailing Address  
**1223 AIRPORT ROAD  
DESTIN, FL 32541**

**20020014**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03022005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**02-0552487**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAVENS, JASON E  
36468 EMERALD COAST PARKWAY 4400 E. Hwy 20, Suite 211  
BUILDING II, SUITE 2101  
DESTIN, FL 32541  
Niceville, FL 32578**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete  
NAME **CLARY, CHARLES W III**  
STREET ADDRESS **1223 AIRPORT ROAD**  
CITY-ST-ZIP **DESTIN, FL 32541**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete  
NAME **BLIMLING, SAMUEL W**  
STREET ADDRESS **3655 SCENIC HWY 98 701 B**  
CITY-ST-ZIP **DESTIN, FL 32541**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete  
NAME **BAKER, JACK D**  
STREET ADDRESS **289 BEACHVIEW DR. NE**  
CITY-ST-ZIP **FORT WALTON BEACH, FL 32547**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete  
NAME **BALLASCH, PATRICK L**  
STREET ADDRESS **2441 DUNCAN DR.**  
CITY-ST-ZIP **NICEVILLE, FL 32578**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete  
NAME **JOHNSON, ROBERT E**  
STREET ADDRESS **513 RUE DE MAR SEILLES**  
CITY-ST-ZIP **MARY ESTHER, FL 32569**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **Samuel W. Blimling**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**03.09.05 850.837.8152**