



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000006533

1. Entity Name
INDIGO, LLC



Principal Place of Business
18300 SCENIC HWY 98
SUITE 13
POINT CLEAR, AL 36564

Mailing Address
PO BOX 230
POINT CLEAR, AL 36564

ENTERED BY
AUG 12 2005

Perdido Beach Club, LLC		
Job # <u>6201</u>	Cost Code <u>32-02</u>	Type <u>C</u>
G/L # <u>6200-00</u>	Amount \$ <u>50.00</u>	
ENTERED BY <u>D. Head Sr (See below)</u>		

DO NOT WRITE IN THIS SPACE

108112005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
41-2034644

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHELL, STEPHEN B
226 SOUTH PALAFOX STREET
9TH FLOOR SEVILLE TOWER
PENSACOLA, FL 32598

**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 September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HEAD (PBC), LLC
STREET ADDRESS	18300 SCENIC HWY 98, STE B
CITY-ST-ZIP	POINT CLEAR, AL 36564

TITLE	MGRM
NAME	YATES, LLC
STREET ADDRESS	781 LARSON ST
CITY-ST-ZIP	JACKSON, MS 39202

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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08/23/05--01041--019 **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)(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:

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

Date

Daytime Phone #