2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000015053

1. Entity Name
B & M INLET PARTNERS, LLC

Principal Place of Business	Mailing Address
369 WEST SHORE DRIVE PANAMA CITY BEACH, FL 32413	P.O. BOX 611244 ROSEMARY BEACH, FL 32461

08202004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0717558
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BARGERON, CLAYTON H
369 WEST SHORE DRIVE
PANAMA CITY BEACH, FL 32413

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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 _____ 8/23/04
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 8, 2004

U00000171086
08/30/04-80002-014 55.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	BARGERON, CLAYTON H
STREET ADDRESS	369 WEST SHORE DRIVE
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32413
TITLE	MGR
NAME	MOULTRIE, FRANK A
STREET ADDRESS	4918 APPALOOSA TRAIL
CITY-ST-ZIP	BIRMINGHAM, AL 35242
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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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 #