

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90164 049 \*\*\*\*55.00

20025452



03242005 Chg-LLC CR2E083 (10/03)

4. FEI Number 34-2039928 Applied For  
~~NOT APPLICABLE~~ Not Applicable

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

## 6. Name and Address of Current Registered Agent

CLIFTON, JOHN THOMAS  
670 A A1A BEACH BLVD  
ST. AUGUSTINE BEACH, FL 32080

## 7. Name and Address of New Registered Agent

Name Clifton, John Thomas Sr.  
Street Address (P.O. Box Number is Not Acceptable)  
45 SURF DRIVE  
City St. Augustine FL Zip Code 32080

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 John T. Clifton Sr. John T. Clifton Sr. 3/29/05  
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

TITLE ☐ Delete  
NAME MGRD  
STREET ADDRESS CLIFTON, JOHN  
CITY-ST-ZIP 670 A A1A BEACH BLVD  
SAINT AUGUSTINE, FL 32080

TITLE ☐ Delete  
NAME D  
STREET ADDRESS CLIFTON, TRISH  
CITY-ST-ZIP 45 SURF DRIVE  
SAINT AUGUSTINE, FL 32080

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME MGRD  
STREET ADDRESS Clifton, John Sr. address  
CITY-ST-ZIP 45 SURF DRIVE  
SAINT AUGUSTINE, FL 32080

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

TITLE ☒ Change ☐ Addition  
NAME Director  
STREET ADDRESS John T. Clifton Jr.  
CITY-ST-ZIP 1220 Fox Creek Dr.  
McDonough, GA 30252

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

TITLE ☐ Change ☐ Addition  
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: John T. Clifton Sr. John T. Clifton Sr. 3/29/05 904/460-1005  
Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #