

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000023396

**FILED**  
**Jul 08, 2004**  
**Secretary of State**

**Entity Name:** BONDS AND CRUM INVESTMENT PROPERTIES, LLC

**Current Principal Place of Business:**

101 E. GULF BEACH DR.  
ST. GEORGE ISLAND, FL 32328

**New Principal Place of Business:**

83 B HWY 98  
EASTPOINT, FL 32328

**Current Mailing Address:**

P.O. BOX 684  
EASTPOINT, FL 32328

**New Mailing Address:**

FEI Number: 14-1853535      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HARTMAN, DANIEL W  
ARD, SHIRLEY & HARTMAN, P.A.  
207 WEST PARK AVE., STE. B  
TALLAHASSEE, FL 32301 US

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

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: MGRM ( ) Delete  
Name: BONDS, JEANNE  
Address: 101 E. GULF BEACH DR.  
City-St-Zip: ST. GEORGE ISLAND, FL 32328

Title: MGRM ( ) Delete  
Name: CRUM, JAMIE  
Address: 101 E. GULF BEACH DR.  
City-St-Zip: ST. GEORGE ISLAND, FL 32328

**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: JAMIE CRUM

MGMR

07/08/2004

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