## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 06, 2005 8:00 am Secretary of State

1. Entity Nam	MENT # L02000023		. [	06-2005 90021 00			
Principal Place of Business 126 SOUTH SHORE DR., #20 DESTIN, FL 32550  Mailing Address 126 SOUTH SHORE DR., # DESTIN, FL 32550			¥20		·		
2. Principal Place of Business /2671 US Hwy 98 3. Mailing Address Sam			0.66 82				
72671 US Hwy 98 Suite, Apt. #, etc. 2 17 - 3		Suite, Apt. #, etc.			g-LLC CR2E	083 (10/03)	
City & State Destin, F.L.		City & State		4. FEI Number 82-0582855			plied For t Applicable
352 c		Zip	Country	5. Certificate of Stat		\$5.00 Addi	
	6. Name and Address of Current	Registered Agent	N	7. Name and Addre	ess of New Registered	Agent	
MARKA	/IOI FTTE PA		Name			_	
MARK A. VIOLETTE, P.A. 34990 EMARLD COAST PKWY STH FL SUITE 403		المحادث والمعطاء	Street Addr	Street Address (P.O. Box Number is Not Acceptable)			-
DESTIN, F	EL 32541		City			Zip Code	
·					Fl	<u> </u>	
	named entity submits this statement fo tions of registered agent.	r the purpose of changing its re	gistered office or reg	gistered agent, or both, in tr	ne State of Florida. I am	i familiar with, i	and accept
SIGNATURE .			··			<del> </del>	
	Signature, typed or printed name of registered agent i	and title if applicable. (NOTE: R	egistered Agent signature re	equired when reinstating)	DATE		
	lling Fee is \$50.00 ue by May 1, 2005	191 Have 1 - 1 - 1 - 1	egistered Agent signature re	equired when reinstating)	Make check Florida Departr		1.
	lling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBE	RS/MANAGERS	7, 1	18- 1 K	`` Make check	S 1 1 mm/m	7
9."-	lling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBE	destination (1979)	10.	(8- 14 L) (2- 1	Make check Florida Departr ADDITIONS/CHANGE	nent of State	
9 TITLE	lling Fee is \$50.00 ue by May 1, 2005  MANAGING MEMBE MGRM TOMMASONE, GERALD	RS/MANAGERS	10.	(8- 14 L) (2- 1	Make check Florida Departr ADDITIONS/CHANGE	S 1 1 mm/m	Trop + p
9."-	MANAGING MEMBE MGRM TOMMASONE, GERALD 126 SMITH SHORE DR # 20	RS/MANAGERS	10.	(8- 14 L) (2- 1	Make check Florida Departr ADDITIONS/CHANGE	S 1 1 mm/m	Trop + p
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	lling Fee is \$50.00 ue by May 1, 2005  MANAGING MEMBE MGRM TOMMASONE, GERALD	RS/MANAGERS Delete	10.  -TITLE- NAME STREET ADDRESS CITY-ST-ZIP	18- 1 K	Make check Florida Departr ADDITIONS/CHANGE	S Change	Addition
9 TITLE NAME STREET ADDRESS	MANAGING MEMBE MGRM TOMMASONE, GERALD 126 SMITH SHORE DR # 20	RS/MANAGERS	10.	(8- 14 L) (2- 1	Make check Florida Departr ADDITIONS/CHANGE	S 1 1 mm/m	Trop + p
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE MGRM TOMMASONE, GERALD 126 SMITH SHORE DR # 20	RS/MANAGERS Delete	10TITLE	(8- 14 L) (2- 1	Make check Florida Departr ADDITIONS/CHANGE	S Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGRM TOMMASONE, GERALD 126 SMITH SHORE DR # 20	RS/MANAGERS  Delete	10.  -TITLE- NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	(8- 14 L) (2- 1	Make check Florida Departr ADDITIONS/CHANGE	Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGRM TOMMASONE, GERALD 126 SMITH SHORE DR # 20	RS/MANAGERS Delete	10.  -TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	(8- ) (6- )	Make check Florida Departr ADDITIONS/CHANGE	S Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGRM TOMMASONE, GERALD 126 SMITH SHORE DR # 20	RS/MANAGERS  Delete	10.  -TITLE- NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	(8- ) (6- )	Make check Florida Departr ADDITIONS/CHANGE	Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBE MGRM TOMMASONE, GERALD 126 SMITH SHORE DR # 20	RS/MANAGERS  Delete	10.  -TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	(8- ) (6- )	Make check Florida Departr ADDITIONS/CHANGE	Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBE MGRM TOMMASONE, GERALD 126 SMITH SHORE DR # 20	RS/MANAGERS  Delete	10.  -TITLE  MAME 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  TITLE	(8- ) (6- )	Make check Florida Departr ADDITIONS/CHANGE	Change	Addition
9 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBE MGRM TOMMASONE, GERALD 126 SMITH SHORE DR # 20	RS/MANAGERS  Delete  Delete	10.  -TITLE	(8- ) (6- )	Make check Florida Departr ADDITIONS/CHANGE	Change Change	Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBE MGRM TOMMASONE, GERALD 126 SMITH SHORE DR # 20	RS/MANAGERS  Delete  Delete	TITLE  NAME STREET ADDRESS CITY-ST-ZIP	(8- ) (6- )	Make check Florida Departr ADDITIONS/CHANGE	Change Change	Addition Addition
9 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	MANAGING MEMBE MGRM TOMMASONE, GERALD 126 SMITH SHORE DR # 20	RS/MANAGERS  Delete  Delete	10.  -TITLE	(8- ) (6- )	Make check Florida Departr ADDITIONS/CHANGE	Change Change	Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGRM TOMMASONE, GERALD 126 SMITH SHORE DR # 20 MIRAMAR BEACH, FL 32550	RS/MANAGERS  Delete  Delete  Delete	10.  -TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME	(8- ) (6- )	Make check Florida Departr ADDITIONS/CHANGE	Change  Change  Change	Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE MGRM TOMMASONE, GERALD 126 SMITH SHORE DR # 20 MIRAMAR BEACH, FL 32550	RS/MANAGERS  Delete  Delete  Delete	10.  -TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	(8- ) (6- )	Make check Florida Departr ADDITIONS/CHANGE	Change  Change  Change	Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGRM TOMMASONE, GERALD 126 SMITH SHORE DR # 20 MIRAMAR BEACH, FL 32550	RS/MANAGERS  Delete  Delete  Delete  Delete	10.  TITLE NAME STREET ADDRESS CITY- ST-ZIP	334 August Destin, FC.	Make check Florida Departr ADDITIONS/CHANGE	Change  Change  Change	Addition  Addition  Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE MGRM TOMMASONE, GERALD 126 SMITH SHORE DR # 20 MIRAMAR BEACH, FL 32550	RS/MANAGERS  Delete  Delete  Delete	10.  -TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	(8- ) (6- )	Make check Florida Departr ADDITIONS/CHANGE	Change  Change  Change	Addition  Addition  Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGRM TOMMASONE, GERALD 126 SMITH SHORE DR # 20 MIRAMAR BEACH, FL 32550	RS/MANAGERS  Delete  Delete  Delete	10.  TITLE NAME STREET ADDRESS CITY- ST-ZIP	334 August Destin, FC.	Make check Florida Departs  ADDITIONS/CHANGE  TA COVC.  32541	Change  Change  Change  Change	Addition  Addition  Addition  Addition

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: SEASON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Double Proper