



FILED
Mar 08, 2006 2:08:00 AM
Secretary of State

BY: _____

DOCUMENT # L02000027249				Secretary of State	
1. Entity Name MUSCOGEE WHARF, LLC				BY: _____	
Principal Place of Business 1401 EAST BELLMONT STREET PENSACOLA FL 32501-4321		Mailing Address 1401 EAST BELLMONT STREET PENSACOLA FL 32501-4321			
2. Principal Place of Business		3. Mailing Address		1st MOORE CR2E083 (10/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3729465	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HIGHTOWER, DAVID E 501 COMENDENCIA STREET PENSACOLA FL 32501				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when re-registering)					
DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS					
TITLE	MGR	<input type="checkbox"/> Delete			
NAME	CRONLEY, JAMES D				
STREET ADDRESS	1401 EAST BELMONT STREET				
CITY- ST- ZIP	PENSACOLA FL 32501-4321				
TITLE	MGRM	<input type="checkbox"/> Delete			
NAME	TERHAAR, ANTHONY L				
STREET ADDRESS	1401 E BELMONT ST.				
CITY- ST- ZIP	PENSACOLA FL 32501				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
10. ADDITIONS/CHANGES					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY- ST- ZIP					
000000459475 03/18/06-80034-011 50.00					

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 603, Florida Statutes.

SIGNATURE:

1/25/06 856-433-7007