

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90427 027 \*\*\*\*50.00

**DOCUMENT # L03000002511**

1. Entity Name  
**WATERMARK PROPERTIES, LLC**



Principal Place of Business

**1431 TROUT DRIVE  
PANAMA CITY, FL 32411**

Mailing Address

**PO BOX 28329  
PANAMA CITY, FL 32411-8329**

**DO NOT WRITE IN THIS SPACE**



03282005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**56-2311487**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SHEFFIELD, JOSEPH A  
1431 TROUT DRIVE  
PANAMA CITY, FL 32411**

**DO NOT WRITE  
IN THIS SPACE**

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

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**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SHEFFIELD, JOSEPH A
STREET ADDRESS	1431 TROUT DR
CITY-ST-ZIP	PANAMA CITY, FL 32411
TITLE	MGRM
NAME	SHEFFIELD, J ALLEN JR
STREET ADDRESS	31 BAYOU BREEZE COURT
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459
TITLE	MGRM
NAME	HOCKER, KENNETH E
STREET ADDRESS	346 SHORE DR
CITY-ST-ZIP	DESTIN, FL 32550
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 #

**JOSEPH A. SHEFFIELD** 03/28/05 850 233 0956