

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Perdido Beach Club, LLC

Job # 15601 Cost Code 32-02 Type C  
G/L # 1255-00 Amount \$ 50.00  
Approved By D. Hand Sr (see below)

DOCUMENT # L03000004947

1. Entity Name  
INDIGO MANAGEMENT, LLC



Principal Place of Business  
18300 SCENIC HIGHWAY 98  
POINT CLEAR PLACE, SUITE B  
POINT CLEAR, AL 36564 US

Mailing Address  
18300 SCENIC HIGHWAY 98  
POINT CLEAR PLACE, SUITE B  
POINT CLEAR, AL 36564 US

ENTERED  
AUG 12 2005



08112005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
33-1059556

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

### 6. Name and Address of Current Registered Agent

SHELL, STEPHEN B  
226 PALAFOX PLACE  
NINTH FLOOR, SEVILLE TOWER  
PENSACOLA, FL 32501

**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

05 AUG 15

AM 10:48

STATE OF FLORIDA  
DIVISION OF CORPORATIONS

**Filing Fee is \$50.00  
Due by September 7, 2005**

### 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
HEAD, SR., DAVID  
POINT CLEAR PLACE, SUITE B  
POINT CLEAR, AL 36564

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

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08/23/05--01041--020 \*\*50.00

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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 #