


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Mar 31, 2005 08:00 AM
Secretary of State**

DOCUMENT # L03000007969 1. Entity Name CABANA PROPERTIES, LLC		
Principal Place of Business 107 AMAR PLACE SUITE 103 PANAMA CITY BEACH, FL 32413	Mailing Address 107 AMAR PLACE SUITE 103 PANAMA CITY BEACH, FL 32413	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent STANFORD, REBECCA 725 GULFVIEW DRIVE PANAMA CITY BEACH, FL 32413		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: <u>Rebecca Stanford</u> DATE: <u>3/30/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2005		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PFNEISEL, RYAN 107 AMAR PLACE, SUITE 103 PANAMA CITY BEACH, FL 32413	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TINDALL, PATTI 218 SEABREEZE BLVD PANAMA CITY BEACH, FL 32413	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STANFORD, REBECCA 725 GULFVIEW DRIVE PANAMA CITY BEACH, FL 32413	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Rebecca Stanford</u> <u>Rebecca Stanford</u> <u>3/30/05</u> <u>850-230-8277</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		



03302005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 68-0544138	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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03/31/05-80051-001 50.00