## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000008431

Entity Name: CAPTAIN DOC, L.L.C.

FILED Apr 07, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

351 BROWN-DONALDSON ROAD P.O. BOX 802

CRAWFORDVILLE, FL 32327 CARRABELLE, FL 32322

**Current Mailing Address: New Mailing Address:** 

6400 PEAKE ROAD MACON, GA 1210

FEI Number: 56-2341690 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SUMNER, INGO SUMNER, INGO 7200 SUŃSHINE SKYWAYLN P.O. BOX 802

**UNIT 9D** CARRABELLE, FL 32322 US

ST. PETERSBURG, FL 33711 US

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.

SIGNATURE: 04/07/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

MGRM Title: () Change () Addition () Delete

BARNES, GEORGE Name: Name: Address: 6400 PEAKE ROAD Address: City-St-Zip: MACON, GA 31210 City-St-Zip:

Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition

Name: SUMNER, INGO Name: SUMNER, INGO Address: 7200 SUNSHINE SKYWAY LN. UNIT 9D Address: P.O. BOX 802

City-St-Zip: ST. PETERSBURG, FL 33711 City-St-Zip: CARRABELLE, FL 32322

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: GEORGE BARNES **MGRM** 04/07/2005