2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State
02-05-2004 90078 032 ****50.00

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1. Entity Name
WOMACK CONSTRUCTION AND DEVELOPMENT CO., L.L.C.

Principal Place of Business	Mailing Address
217 BOCA SHORES DR. PANAMA CITY BEACH, FL 32408	217 BOCA SHORES DR. PANAMA CITY BEACH, FL 32408

01272004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
28 Moreno Point Road		28 Moreno Point Road	
Suite, Apt. #, etc. UNIT F		Suite, Apt. #, etc. UNIT F	
City & State DESTIN FL		City & State DESTIN, FL	
Zip 32541	Country USA	Zip 32541	Country USA

4. FEI Number 04-3746783 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WOMACK, CHRISTOPHER 217 BOCA SHORES DR. PANAMA CITY BEACH, FL 32408	Name CHRISTOPHER WOMACK Street Address (P.O. Box Number is Not Acceptable) 28 MORENO POINT ROAD UNIT F ~~DESTIN~~ City DESTIN FL Zip Code 32541

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 ______________________ DATE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE MGRM NAME CHRISTOPHER WOMACK STREET ADDRESS 28 MORENO POINT ROAD UNIT F CITY-ST-ZIP DESTIN, FL 32541	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] CHRISTOPHER WOMACK 2/3/04 850-814-9191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #