


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 15, 2005 8:00 am
Secretary of State

06-15-2005 90038 015 ****50.00

DOCUMENT # L03000009354	
1. Entity Name WOMACK CONSTRUCTION AND DEVELOPMENT CO., L.L.C.	

Principal Place of Business 28 MORENO POINT RD. UNIT F PANAMA CITY BEACH, FL 32408	Mailing Address 28 MORENO POINT RD. UNIT F PANAMA CITY BEACH, FL 32408
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14018022



2. Principal Place of Business 16 Moreno Point Rd	3. Mailing Address 16 Moreno Point Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

06102005 Chg-LLC CR2E083 (10/03)

City & State Destin, FL	City & State DESTIN, FL
Zip 32541	Zip 32541
Country USA	Country USA

4. FEI Number 04-3746783	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WOMACK, CHRISTOPHER 28 MORENO POINT RD. UNIT F DESTIN, FL 32541	
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7. Name and Address of New Registered Agent Name CHRISTOPHER WOMACK Street Address (P.O. Box Number is Not Acceptable) 16 MORENO POINT RD 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 Christopher D. Womack DATE 6/12/05 <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 September 7, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOMACK, CHRISTOPHER 28 MORENO POINT RD., UNIT F DESTIN, FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Christopher D. Womack <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	DATE 6/12/05 <small>Date</small>	DAYTIME PHONE 850-650-6579 <small>Daytime Phone #</small>
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