

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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**FILED**  
**May 19, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90012 008 \*\*\*150.00

<b>DOCUMENT # L03000024220</b> 1. Entity Name <b>ST. JOE COASTAL PROPERTIES, LLC</b>					
Principal Place of Business <b>208 MONUMENT AVE. PORT ST. JOE, FL 32456</b>			Mailing Address <b>P.O. BOX 280 PORT ST. JOE, FL 32457</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. Name and Address of Current Registered Agent <b>BARLOGA, SCOTT B ESQ 220 MCKENZIE AVE. PANAMA CITY, FL 32401</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. 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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>4-26-04</b>	
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WARRINER, DAVID P.O. BOX 280 PORT ST JOE, FL 32457</b> <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	<b>MGRM BROWN, DAVID P.O. BOX 280 PORT ST JOE, FL 32457</b> <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	<b>MGRM CARROLL, LARRY K 2551 JENKS AVE. PANAMA CITY, FL 32405</b> <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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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	
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE <b>4/21/04</b> <b>950227-1111</b> <small>Daytime Phone #</small>		

**34006685**



01142004 Chg-LLC CR2E083 (10/03)

4. FEI Number **EIN 20-0381671** Applied For ☐ Not Applicable

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

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WARRINER, DAVID	
STREET ADDRESS	P.O. BOX 280	
CITY-ST-ZIP	PORT ST JOE, FL 32457	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BROWN, DAVID	
STREET ADDRESS	P.O. BOX 280	
CITY-ST-ZIP	PORT ST JOE, FL 32457	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CARROLL, LARRY K	
STREET ADDRESS	2551 JENKS AVE.	
CITY-ST-ZIP	PANAMA CITY, FL 32405	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE **4/21/04** **950227-1111**  
Daytime Phone #