

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Feb 07, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # L03000024806**

1. Entity Name  
**DOGWOOD SQUARE PARTNERS, L.L.C.**



Principal Place of Business  
**P.O. BOX 1004  
GONZALEZ, FL 32560**

Mailing Address  
**P.O. BOX 1004  
GONZALEZ, FL 32560**



02032005No Chg-LLC

OR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0460465**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**COLBERT, RICHARD M  
125 WEST ROMANA STREET, SUITE 800  
PENSACOLA, FL 32502**

**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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2/3/05**

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
MICHAEL, ELLIOTT C  
P.O. BOX 1004  
GONZALEZ, FL 32560**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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U00000218968  
1/2/08/05-80004-019 50.00

**DO NOT WRITE  
IN THIS SPACE**

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

**2-3-05**

DATE

Daytime Phone #

**850  
982 7195**