

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90346 003 ****55.00

DOCUMENT # L03000036651	
1. Entity Name PERDUE-ELLISOR PROPERTIES, L.L.C.	

Principal Place of Business 1616 MISSOURI AVENUE LYNN HAVEN, FL 32444	Mailing Address 1616 MISSOURI AVENUE LYNN HAVEN, FL 32444
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2. Principal Place of Business 3157 Chain Lakes Rd Suite, Apt. #, etc. Chipley, FL City & State Zip 32428 Country USA	3. Mailing Address 3157 Chain Lakes Rd Suite, Apt. #, etc. Chipley, FL City & State Zip 32428 Country USA
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01242004 Chg-LLC CR2E083 (10/03)

4. FEI Number	☐ Applied For ☒ Not Applicable
5. Certificate of Status Desired	☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent FOSTER, WILLIAM S 909 MAR WALT DRIVE, SUITE 1014 FORT WALTON BEACH, FL 32547
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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) DATE _____

Filing Fee is \$50.00 Due by May 1, 2004	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 PERDUE, VERNON W 1616 MISSOURI AVENUE LYNN HAVEN, FL 32444 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PERDUE, MARTHA J 1616 MISSOURI AVENUE LYNN HAVEN, FL 32444 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELLISOR, KIMBERLY P 1616 MISSOURI AVENUE LYNN HAVEN, FL 32444 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHEPARD, ADAM 1616 MISSOURI AVENUE LYNN HAVEN, FL 32444 ☐ 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
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: *Martha J. Perdue* **4-4-04** **850-773-8593**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Martha J. Perdue