

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90221 009 ****50.00

20032068

DOCUMENT # L03000038694 1. Entity Name CMC-WAKULLA, LLC			
Principal Place of Business 1415 TIMBERLANE ROAD TALLAHASSEE, FL 32312		Mailing Address 1415 TIMBERLANE ROAD TALLAHASSEE, FL 32312	
2. Principal Place of Business 1415 TIMBERLANE ROAD		3. Mailing Address 1415 TIMBERLANE ROAD	
Suite, Apt. #, etc. 217		Suite, Apt. #, etc. 217	
City & State TALLAHASSEE, FL		City & State TALLAHASSEE, FL	
Zip 32312		Zip 32312	
Country USA		Country USA	
4. FEI Number APPLIED FOR 58-2677444		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CRONA, WILLIAM D 1415 TIMBERLANE ROAD TALLAHASSEE, FL 32312		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRONA, WILLIAM D 1415 TIMBERLANE ROAD TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
PRESIDENT AND MGRM CRONA, WILLIAM D 1415 TIMBERLANE ROAD STE 217 TALLAHASSEE, FL 32312		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVID HARVEY 117 HARVEY YOUNG FARM RD. CRAWFORDVILLE FL 32327	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGR W. STEVEN BROWN PO BOX 9 PANAMA FL 32346		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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"/> Change <input type="checkbox"/> Addition		
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:		4-11-05 850 893-9633	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	