


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000041107 1. Entity Name THIEL-GUTENMANN DEVELOPERS, L.L.C.	
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Principal Place of Business 1507 NORTH PALAFOX STREET PENSACOLA, FL 32501	Mailing Address 1507 NORTH PALAFOX STREET PENSACOLA, FL 32501
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DO NOT WRITE IN THIS SPACE



02172005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 56-2408283	Applied For 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 GUTENMAN, WILLIAM 13 CALLE MARBELLA PENSACOLA BEACH, FL 32561	DO NOT WRITE IN THIS SPACE
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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 _____
Signature typed or printed name of registered agent and title if applicable

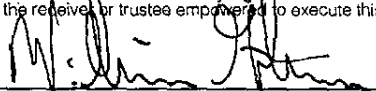
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GUTENMANN, WILLIAM 13 CALLE MARBELLA PENSACOLA BEACH, FL 32561
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM THIEL, MICHAEL J PO BOX 1263 GULF BREEZE, FL 32562
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

UD0000318824
04/20/05-80073-020 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)(f), 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:  William Gutenmann 4/19/05 (850) 232-4319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #