

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000044751**

1. Entity Name  
**APALACHEE BAY INVESTMENTS, LLC**



Principal Place of Business  
**1407 PIEDMONT DRIVE EAST  
TALLAHASSEE, FL 32308**

Mailing Address  
**1407 PIEDMONT DRIVE EAST  
TALLAHASSEE, FL 32308**



02112005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**04-3779711**

Applied For  
Not Applicable

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

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

**LINDSEY, WM. SCOT  
1407 PIEDMONT DRIVE EAST  
TALLAHASSEE, FL 32308**

**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)

DATE \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	LINDSEY, ROBERT B
STREET ADDRESS	P.O. BOX 13119
CITY-ST-ZIP	TALLAHASSEE, FL 32317
TITLE	MGRM
NAME	THURMAN, MARK M
STREET ADDRESS	101 SOUTH MARINE STREET
CITY-ST-ZIP	CARRABELLE, FL 32322
TITLE	MGRM
NAME	LINDSEY, WM. SCOTT
STREET ADDRESS	1407 PIEDMONT DRIVE EAST
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	MGRM
NAME	LAWHON, MARY E
STREET ADDRESS	101 SOUTH MARINE STREET
CITY-ST-ZIP	CARRABELLE, FL 32322
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000263243  
03/14/05-80090-010 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:** *Mary E. Lawhon*

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

*2-11-05*

Date

*850-697-9505*

Daytime Phone #