03/18/2004 THU 9:20 FAX 229 438 1200 Robert Baker and Assoc.

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Apr 23, 2004 8:00 am
Secretary of State
04-23-2004 90015 035 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000047621

1. Entity Name
THOMAS CRAIG SANTIAGO L.L.C.

24052066

Principal Place of Business	Mailing Address
1500 KITTY HAWK DR. GULF BREEZE, FL 32563	1500 KITTY HAWK DR. GULF BREEZE, FL 32563

03182004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
1500 Kitty Hawk DR.		1500 Kitty Hawk DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Gulf Breeze Florida		City & State: Gulf Breeze Florida	
Zip: 32563	Country: Santa Rosa	Zip: 32563	Country: Santa Rosa

4. FEI Number: 266-33-1428 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SANTIAGO, THOMAS C
1500 KITTY HAWK DR.
GULF BREEZE, FL 32563

7. Name and Address of New Registered Agent

Name: Thomas C Santiago L L C
Street Address (P.O. Box Number is Not Acceptable): 1500 Kitty Hawk DR.
City: Gulf Breeze Florida FL Zip Code 32563

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: Thomas C Santiago L.L.C 4/7/04
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

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Thomas Santiago 1500 Kitty Hawk Drive Gulf Breeze, Fla. 32563	☐ 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
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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: Thomas Santiago 4-21-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #