

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90831 001 ***100.00



DOCUMENT # L03000049794

1. Entity Name
DOWDY 405, LLC

Principal Place of Business

**GULFGATE
405 & 406
PANAMA CITY FL 32408**

Mailing Address

**1875 DOWDY ROAD
ROOPVILLE GA 30170-3766**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E083 (10/05)

City & State

City & State

4. FEI Number
55-0853988

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KUEHL, ANN
7205 THOMAS DRIVE
CONDO 604-C
PANAMA CITY BEACH FL 32408**

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 re-registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DOWDY, PATSY C
1875 DOWDY ROAD
ROOPVILLE GA 30170-3766** 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
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STREET ADDRESS
CITY-ST-ZIP Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP Delete

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CITY-ST-ZIP Change Addition

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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 exemptions contained in Section 119, 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: *Patsy C Dowdy*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/27/06
Date Daytime Phone #