

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90023 023 ****50.00

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1. Entity Name
FRIENDS OF SAN BLAS PLANTATION, LLC



Principal Place of Business
313 SANDPIPER ROAD
PORT ST. JOE, FL 32456 US

Mailing Address
313 SANDPIPER ROAD
PORT ST. JOE, FL 32456 US



04082005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-1464107

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SWIDER, NANCY
313 SANDPIPER ROAD
PORT ST. JOE, FL 32456

**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	CURD, PHILIP R MD
STREET ADDRESS	6 WALKER BRANCH RD.
CITY-ST-ZIP	SAND GAP, KY 40481
TITLE	MGRM
NAME	CURD, TERRIE J
STREET ADDRESS	6 WALKER BRANCH RD.
CITY-ST-ZIP	SAND GAP, KY 40481
TITLE	MGRM
NAME	SWIDER, NANCY
STREET ADDRESS	313 SANDPIPER ROAD
CITY-ST-ZIP	PORT ST. JOE, FL 32456
TITLE	MGRM
NAME	George NATZKE
STREET ADDRESS	N 2278 Smokey Hollow RD
CITY-ST-ZIP	Lodi WI 53555
TITLE	MGRM
NAME	NANCY NATZKE
STREET ADDRESS	N 2278 Smokey Hollow RD
CITY-ST-ZIP	Lodi WI 53555
TITLE	MGRM
NAME	Susan E. ANDERSON
STREET ADDRESS	106 Plover
CITY-ST-ZIP	Cape San Blas, Port St. Joe

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not violate 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:

Nancy Swider

NANCY SWIDER

Date

4/11/06

Daytime Phone #

850-227-3600