## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## FILED DOCUMENT # L03000053954 GREEN TURTLE PROPERTIES, LLC 2005 MAR 14 AM 9: 43 DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 39 GATLIN BLUFF 39 GATLIN BLUFF THOMASVILLE, GA 31757 THOMASVILLE, GA 31757 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03092005 CR2E083 (10/03) Chg-LLC Applied For City & State City & State 4. FEI Number APPLIED FOR Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BAKER, FRANK Street Address (P.O. Box Number is Not Acceptable) 4431 LAFAYETTE STREET MARIANNA, FL 32446 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM Change TITLE ☐ Delete TITLE ■ Addition TAYLOR, KEVIN C NAME NAME STREET ADDRESS STREET ADDRESS 39 GATLIN BLUFF CITY-ST-ZIP THOMASVILLE, GA 31757 CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 receive or trustee emorphered execute this report as required by Chapter 608, Florida Statutes. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING WEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

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