

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08052005 Chg-LLC CR2E083 (10/03)

4. FEI Number ~~02-0006605~~ 84-1636244 Applied For
Not Applicable

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

DOCUMENT # L03000054221

1. Entity Name
HAYDEN INVESTMENTS OF BAY COUNTY, LLC



Principal Place of Business
2901 CLENDENEN LANE
LONGVIEW, TX 75605

Mailing Address
1100 TECH DRIVE
LYNN HAVEN, FL 32494

2. Principal Place of Business
1101 E. 23rd Street

3. Mailing Address
Suite, Apt. #, etc.

City & State
Panama City, FL

City & State

Zip
32405

Country

Zip

Country

6. Name and Address of Current Registered Agent
MCDONOUGH, MATTHEW L
521 E. 4TH STREET
PANAMA CITY, FL 32401

7. Name and Address of New Registered Agent
Name Wallace C. French, CPA
Street Address (P.O. Box Number is Not Acceptable)
105 Peachtree Drive
City Lynn Haven FL Zip Code 32444

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 Wallace C French DATE 8/5/05

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 September 7, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WESTBROOK INVESTMENTS, INC. 2901 CLENDENIN LANE LONGVIEW, TX 75605 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Debrae Westbrook 1100 Tech. Drive Lynn Haven, FL 32444 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	09/01/05--01003--009 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000059235820 <input type="checkbox"/> Change <input type="checkbox"/> Addition 09/01/05--01003--009 **100.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Debrae Westbrook DATE 8-24-05

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