

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90035 031 \*\*\*\*50.00

**DOCUMENT # L03000054443**

1. Entity Name

PANAMA CITY CONDOS, LLC



Principal Place of Business

P.O. BOX 216  
DESTIN FL 32540  
US

Mailing Address

P.O. BOX 216  
DESTIN FL 32540  
US

34005634



MOORE CR2E083 (11/03)

2. Principal Place of Business

970 Highway 98 East

3. Mailing Address

Suite, Apt. #, etc.  
Suite 106

Suite, Apt. #, etc.

City & State  
Destin, FL

City & State

Zip  
32541

Country  
Okaloosa

Zip

Country

4. FEI Number

20-0597771

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCGILL, ROBERT E III  
36008 EMERALD COAST PARKWAY  
SUITE 301  
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name  
James F. Adams

Street Address (P.O. Box Number is Not Acceptable)

970 Highway 98 East  
Suite 106

City  
Destin

FL Zip Code  
32541

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

*James F. Adams*

Signature of, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

4-22-04

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
President & Secretary  
James F. Adams  
4121 Indian Trail  
Destin, FL 32541 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Vice President & Treasurer  
Hunter Harman  
1325 Western Lake Drive  
Santa Rosa Beach, FL 32413 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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:

*James F. Adams*

4-22-04

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

Date

Daytime Phone #