

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

02-26-2004 90203 014 ****50.00

DOCUMENT # L03000055527 1. Entity Name CANAL PLACE PARTNERS, LLC					
Principal Place of Business 445 GULFSHORE DR #9 DESTIN, FL 32541			Mailing Address 445 GULFSHORE DR #9 DESTIN, FL 32541		
2. Principal Place of Business		3. Mailing Address 804 Down Lane			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Destin, Florida		4. FEI Number 20-6073255	
Zip		Zip 32541		Country Okaloosa	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent HELMICH, KEVIN M 4481 LEGENDARY DR, STE 200 DESTIN, FL 32541			7. Name and Address of New Registered Agent 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 reinstating)					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLS, TRACY 703 MARCIA CIR MARY ESTHER, FL 32569	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POORE, DAVID 1950 BARRETT LAKES BLVD #513 KENNESAW, GA 30144	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POORE, GARY 207 FAIRBROOK LANE WOODSTOCK, GA 30189	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POORE, GARY 207 FAIRBROOK LANE WOODSTOCK, GA 30189	☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POORE, GARY 207 FAIRBROOK LANE WOODSTOCK, GA 30189	☐ Delete			
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: <u>Tracy Mills</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
TRACY MILLS					