# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L03000056441**

1. Entity Name
LEESHORE WEST, LLC

FILED
04 OCT 18 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 3912 BENBOW ST.<br>PANAMA CITY BEACH, FL 32408 US | 3912 BENBOW ST.<br>PANAMA CITY BEACH, FL 32408 US |

07092004 Chg-LLC CR2E083 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 22623 PCB Pkwy. | P.O. Box 611595 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Panama City Bch FL | City & State: Rosemary Bch, FL |
| Zip: 32413 Country: US | Zip: 32461 Country: US |

4. FEI Number: 38-3678248 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| HARRISON, RIVARD, ZIMMERMAN & BENNETT, CHT<br>109 HARRISON AVE.<br>PANAMA CITY, FL 32401 | Name: Joseph E. Ottinger<br>Street Address (P.O. Box Number is Not Acceptable): 3912 Benbow St.<br>City: Panama City Bch FL Zip Code: 32408 |

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: Joseph E. Ottinger Joseph E. Ottinger 7/09/04
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 September 8, 2004**

**Make check payable to Florida Department of State**

| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>OTTINGER, JOSEPH<br>3912 BENBOW ST.<br>PANAMA CITY BEACH, FL 32408 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>BOYKIN, JAMES<br>3912 BENBOW ST.<br>PANAMA CITY BEACH, FL 32408 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 22519 Coral Ave.<br>Panama City Bch, FL 32413 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 7/15/04 90049 004<br>$50.00 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 10/27 Just | ☐ 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:** Joseph E. Ottinger 7/15/04 (850)236 0163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #