## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

## Jan 24, 2005 08:00 AM DOCUMENT # £04000001274 **Secretary of State** 1. Entity Name E. D. GREGORY, L.L.C. Principal Place of Business Mailing Address 4910 HALCYON RD. PANAMA CITY FL 32405 4910 HALCYON RD. PANAMA CITY FL 32405 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. CR2E083 (10/04) 1st MOORE Applied For City & State City & State 4. FEI Number 86~1093314 Not Applicable Ζiρ Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRYANT, ROWLETT W Street Address (P.O. Box Number is Not Acceptable) 833 HARRISON AVE. PANAMA CITY FL 32401 City Zip Code FL 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 (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. Addition DIRE Change MILE MGRM ☐ Delete GREGORY, ELMER D NAME STREET ADDRESS STREET ADDRESS 4910 HALCYON RD. CITY ST-ZIP PANAMA CITY FL 32405 CITY ST-216 Change Delete Addition Dist THE NAME NAME 1100000194285 STREET ADDRESS STREET ADDRESS U1/25/85-80091-016 50.00 011Y-S1-21P CITY-ST-IP Delete ☐ Change Addition DILE NAME NAME STREET ADDRESS STREET ADDRESS CHY-\$1-78 CITY ST TIP Change Addition Delete TITLE TOTALE NAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST-BP CITY - ST - ZIP ☐ Change ☐ Addition ☐ Defete ME RUCE NAME NAME STREET ADDRESS STREET ADDRESS CITY- \$1-74P CITY - ST - 2)P TISEE ☐ Delete nne ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-51-7/P CITY-ST-7IP 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.

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