

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-08-2005 90282 025 ****50.00

DOCUMENT # L04000004414

1. Entity Name
EAST BAY HOLDING COMPANY, LLC



Principal Place of Business
**241 N TYNDALL PARKWAY
PANAMA CITY, FL 32404**

Mailing Address
**P O BOX 10679
PANAMA CITY, FL 32402**

30004688



2. Principal Place of Business

1626 Primrose Lane
Suite, Apt. #, etc.

3. Mailing Address

P O Box 638
Suite, Apt. #, etc.

04212005 Chg-LLC CR2E083 (10/03)

City & State

Panama City FL
Zip **32404** Country **USA**

City & State

Panama City FL
Zip **32402** Country **USA**

4. FEI Number

20-1249440

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HARRISON, WILLIAM G JR
420 W BEACH DRIVE
PANAMA CITY, FL 32401**

7. Name and Address of New Registered Agent

Name **Cecelia Anderson**

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

133 Harrison Avenue

City

Panama City

FL

Zip Code

32401

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

Cecelia Anderson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/22/05

**Filing Fee is \$50.00
Due by May 1, 2005**

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

9. MANAGING MEMBERS / MANAGERS

TITLE **MGRM** ☐ Delete
NAME **POSTON, JULIUS**
STREET ADDRESS **241 N TYNDALL PARKWAY**
CITY - ST - ZIP **PANAMA CITY, FL 32404**

TITLE **MGRM** ☐ Delete
NAME **POSTON, JAMES III**
STREET ADDRESS **241 N TYNDALL PARKWAY**
CITY - ST - ZIP **PANAMA CITY, FL 32404**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

10. ADDITIONS / CHANGES

TITLE **mgrm** ☒ Change ☐ Addition
NAME **Poston, Julius**
STREET ADDRESS **1626 Primrose Lane**
CITY - ST - ZIP **Panama City FL 32404**

TITLE **mgrm** ☒ Change ☐ Addition
NAME **James E. Poston, III**
STREET ADDRESS **1623 Primrose Lane**
CITY - ST - ZIP **Panama City, FL 32404**

TITLE **mgrm** ☐ Change ☒ Addition
NAME **Mike Johnson**
STREET ADDRESS **400 Interstate North Parkway Ste 200**
CITY - ST - ZIP **Atlanta, GA 30339**

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

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

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

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 then receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #