2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 11, 2005 8:00 am Secretary of State

| DOCUMENT # L0400009726 I. Entity Name PORT ST. JOE ENTERPRISES LLC | | | | 01-11-2005 90022 006 ****50.00 | | | | |
|---|--|--|--|--|--|---|--|--|
| Mailing Address RVAEZ ST. 203 NARVAEZ ST. BEACH, FL 32456 US ST. JOE BEACH, FL 32456 US | | | | | | | win & 1181 18 47 1 | |
| ace of Business | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | | | 01072005 | Chg-LLC | CR2E083 | (10/03) | |
| . | City & State | 1-31-2 | | | | | | oplied For ot Applicable |
| Country | Zip | Country | | 5. Certificate | of Status Desired | | | |
| 6. Name and Address of Current F | Registered Agent | N ₂ | ame | 7. Name and | Address of New Ro | gistered Age | ent | |
| ARY W | | | | P.O. Pay Numbe | r in Not Accontable | \ | | |
| 203 NARVAEZ ST. ST. JOE BEACH, FL 32456 | | | Sirest Address (F. O. GOX Namberns Not Acceptable) | | | | | |
| | | Cit | ity | • | · | EI | Zip Code | e |
| | the purpose of changing its | registered of | ffice or register | ed agent, or boti | n, in the State of Flor | | niliar with, | and accept |
| ons of registered agent. | | | | | | | | |
| Signature, typed or printed name of registered agent a | nd title if applicable. (NOTI | E: Registered Agen | nt signature required | when reinstating) | | DATE | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | | | | | | | Þ |
| MANAGING MEMBER | RS/MANAGERS | 10. | | <u></u> | ADDITIONS/ | CHANGES | | |
| MGRM DIXON, JAMES O 774 BLACKBERRY LANE GALAX, VA 24333 | ☐ Delete | 1 | i i | | | |] Change | ☐ Addition |
| MGRM POOLE, GARY W 203 NARVAEZ ST. ST. JOE BEACH, FL 32456 | ☐ Delete | | | | | С | Change | Addition |
| | ☐ Delete | • | | | | | Change | Addition |
| | ☐ Delete | | 1 | | | |] Change | Addition |
| | ☐ Delete | | , | | | |] Change | Addition |
| | □ Delete | | | | | Ε | Change | Addition |
| | Country 6. Name and Address of Current F ARY W AEZ ST. EACH, FL 32456 named entity submits this statement for ons of registered agent. Signature, typed or printed name of registered agent a MANAGING MEMBER MGRM DIXON, JAMES O 774 BLACKBERRY LANE GALAX, VA 24333 MGRM POOLE, GARY W 203 NARVAEZ ST. ST. JOE BEACH, FL 32456 | ace of Business 3. Mailing Address #, etc. Suite, Apt. #, etc. City & State Country Zip 6. Name and Address of Current Registered Agent ARY W AEZ ST: EACH, FL 32456 named entity submits this statement for the purpose of changing its ons of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOT Iling Fee is \$50.00 we by May 1, 2005 MANAGING MEMBERS/MANAGERS MGRM DIXON, JAMES O 774 BLACKBERRY LANE GALAX, VA 24333 MGRM Delete Delete Delete Delete Delete | ace of Business #, etc. Suite, Apt. #, etc. City & State Country Zip Country ARY W ARY W ARZ ST. EACH, FL 32456 Consoler by May 1, 2005 MANAGING MEMBERS/MANAGERS MANAGE STREET AD CITY-ST-2 Delete MANAGE STREET AD CITY-ST-2 Delete TITLE MANAGE STREET AD CITY-ST-2 DELETE AD CITY-ST- | ace of Business 3. Mailing Address #, etc. Suite, Apt. #, etc. City & State Country Zip Country 6. Name and Address of Current Registered Agent ARY W AEZ ST. EACH, FL 32456 City Inamed entity submits this statement for the purpose of changing its registered office or register ons of registered agent. (NOTE Registered Agent signature required title if applicable. WARE STREET ADDRESS (DIY-ST-2P) Delete ITILE NAME STREET ADDRESS CITY-ST-2P Delete TITLE NAME STREET ADDRESS CITY-ST-2P Delete ST | ace of Business 3. Mailing Address F, etc. Suite, Apt. #, etc. O1072005 City & State Country Zip Country S. Certificate 6. Name and Address of Current Registered Agent Name ARY W AEZ ST: EACH, FL 32456 City Ci | # clc. Suite, Apt. #, etc. 01072005 Chg-LLC Suite, Apt. #, etc. 01072005 Chg-LLC Directory Zio Country S. Centificate of Status Desired 8. Name and Address of Current Registered Agent 7. Name and Address of Name Registered Agent 8. Name ARY W 8. ARY W | acc of Business 3. Mailing Address 5. Certificates 5. Certif | ace of Business 3. Mailing Address 01072005 Chg-LLC CR2E083 (10/03) 6. City & State 4. FEI Number R3_O3_E3_SQ_ No. 7. FEI Number R3_O3_E3_SQ_ No. 8. Country Zio Country Zio Country S. Certificate of Status Desired 55.00 Age No. 8. Certificate of Status Desired 55.00 Age Society Socie |

| SIGNATURE: HATUS W. Pool | e 01-07- | 05 (850) | 1647-2883 |
|--|--|-----------|-----------------|
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MAJ | IAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTA | TTVE Date | Daytime Phone # |
| | | | |