2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

03-15-2005 90352 037 ****50.00

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1st MOORE CR2E083 (10/04)

DOCUMENT # L04000018334

1. Entity Name

TERHAAR & CRONLEY DEVELOPMENT COMPANY, LLC

Principal Place of Business	Mailing Address
1401 E BELMONT ST PENSACOLA FL 32502	1401 E BELMONT ST PENSACOLA FL 32502

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 20-0833095 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CAMPBELL, JAMES S
501 COMMENDENCIA ST
PENSACOLA FL 32502

7. Name and Address of New Registered Agent

Name: Anthony L. Terhaar
Street Address (P.O. Box Number is Not Acceptable): 1401 East Belmont St.
City: Pensacola FL Zip Code: 32501

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] 1/19/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	President	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Anthony L. Terhaar		NAME		
STREET ADDRESS	1401 E. Belmont Street		STREET ADDRESS		
CITY-ST-ZIP	Pensacola, FL 32501-4321		CITY-ST-ZIP		
TITLE	Vice-President	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	James D. Cronley		NAME		
STREET ADDRESS	1401 E. Belmont Street		STREET ADDRESS		
CITY-ST-ZIP	Pensacola, FL 32501-4321		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 1/19/05 850-433-7007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #