

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

04-08-2005 90281 038 ****50.00

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000021060			
1. Entity Name COOK BAYOU OF FLORIDA, LLC			
Principal Place of Business 1623 PRIMROSE LANE PANAMA CITY, FL 32404		Mailing Address 1623 PRIMROSE LANE PANAMA CITY, FL 32404	
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 20-1248629		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) 747 Jenks Ave Suite F 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 DATE 4-6-05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR POSTON, JAMES E III 1623 PRIMROSE LANE PANAMA CITY, FL 32404 ☐ 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
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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: [Signature] SIGNATURE, AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			