

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-12-2005 90022 009 ****50.00

DOCUMENT # L04000024090 1. Entity Name MIRACLE STRIP PARTNERS, LLC					
Principal Place of Business 12141 PANAMA CITY BEACH PARKWAY PANAMA CITY BEACH, FL 32407 US			Mailing Address 12141 PANAMA CITY BEACH PARKWAY PANAMA CITY BEACH, FL 32407 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BAKER, FRANK A 4431 LAFAYETTE STREET MARIANNA, FL 32446				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
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	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	DUBOSE, TERRY		NAME		
STREET ADDRESS	12141 PANAMA CITY BEACH PARKWAY		STREET ADDRESS		
CITY - ST - ZIP	PANAMA CITY BEACH, FL 32407		CITY - ST - ZIP		
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	HOLSOMBAKE, JAMES		NAME		
STREET ADDRESS	12141 PANAMA CITY BEACH PARKWAY		STREET ADDRESS		
CITY - ST - ZIP	PANAMA CITY BEACH, FL 32407		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	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
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:			Date: 4/8/05 Daytime Phone #: (850) 832-0330		
SIGNATURE AND EITHER OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					