

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90138 002 \*\*\*\*50.00

**DOCUMENT # L04000024090**

1. Entity Name

MIRACLE STRIP PARTNERS, LLC



Principal Place of Business

Mailing Address

12141 PANAMA CITY BEACH PARKWAY  
PANAMA CITY BEACH FL 32407  
US

12141 PANAMA CITY BEACH PARKWAY  
PANAMA CITY BEACH FL 32407  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-0992638

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

BAKER, FRANK A  
4431 LAFAYETTE STREET  
MARIANNA FL 32446

7. Name and Address of New Registered Agent

Name

TERRY DuBOSE

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

4321 JAN COOLEY DR

PANAMA CITY BEACH FL

Zip Code  
32408

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

(NOTE: Registered Agent signature required when transferring)

DATE

*Terry DuBose*

1/22/07

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
MGRM  
DUBOSE, TERRY  
STREET ADDRESS  
12141 PANAMA CITY BEACH PARKWAY  
CITY ST ZIP  
PANAMA CITY BEACH FL 32407 ☐ Delete

TITLE  
NAME  
MGRM  
HOLSOMBAKE, JAMES  
STREET ADDRESS  
12141 PANAMA CITY BEACH PARKWAY  
CITY ST ZIP  
PANAMA CITY BEACH FL 32407 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP ☐ Change ☐ Addition

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 exemptions contained in Section 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Terry DuBose*