

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90127 029 ****55.00

20053458



04272005 Chg-LLC CR2E083 (10/03)

4. FEI Number **20 -- 0941908** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WATSON, FRANKLIN H P.A.
5365 E. COUNTY HIGHWAY 30-A STE. 105
SEAGROVE BEACH, FL 32459

7. Name and Address of New Registered Agent

Name **Mickey Whitaker**
Street Address (P.O. Box Number is Not Acceptable)
8881 E. Cty. Hwy 30A
City **Seagrove Beach** FL Zip Code **32459**

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 *Mickey Whitaker* **Mickey Whitaker** *Mickey Whitaker* **4-29-05**
Signature, typed or printed name of registered agent and title if applicable (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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
MANAGING MEMBER	Mickey Whitaker	8881 E County Hwy 30A	Panama City Beach, FL 32459		

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: *Mickey Whitaker* **4-29-05** **850-231-4128**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #