2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Apr 19, 2005 8:00 am Secretary of State

DOCUN 1. Entity Name SURETY				04-19-2005 90030 050 ****50.00												
Principal Place of Business			Mailing Address													
2441 HWY 98		2441 HWY 98 E.														
SUITE 108			SUITE 108													
	BEACH, FL 32459		SANTA ROSA BEACH, FL 32459													
2. Principal Pl	ace of Business	3. Mailing Address														
40 Cla	reon Dr.	40 Clareon Dr.				1 16-2118-21 8		13) 88311 981			D1 441 18 84					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03212005	Chg-LLC		CR2E083 (10)/03)					
Panama City Beach, FL			Pan ama City	h, FL		4. FEI Numb 20 - 4	er 9789261			$-+\cdot\cdot$	olied For Applicable					
32413	Country		Zip 32413	Cour	itry		5. Certificate	of Status Desi	ed		O Addi equired	honal				
	6. Name and Address	of Current R	egistered Agent				7. Name and	d Address of N	ew Regi	stered Agent						
	<u>, 4, 1</u>	Name														
NICHOLAS	S, LANCE G															
2441 HWY		Street A	ddress (I	P.O. Box Numb	er is Not Accer	otable)										
SUITE 108			-													
SANTARC	DSA BEACH, FL FL															
			,		City					FL Zi	p Code					
8. The above	named entity submits this	statement for	the purpose of changing it	s register	ed office o	r register	ed agent, or bo	oth, in the State	of Florida	a. Iam familia	r with. ϵ	and accept				
	ions of registered agent.					,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			24.3						
grandina di Santia di Santia di Makabatan di Kababatan di Kababatan Miliandi ya kababatan kababatan di Kababat																
SIGNATURE -	Signature, typed or printed name of	registered agent an	nd title if applicable. (NO	TE: Registere	d Agent signat	ure required	when reinstating)			DATE						
					3			.*	77.7	\$ ·		1. F. 1.				
Fi	vier*;					Make c	heck payabl	e to	\$ 1.51							
Di	ue by May 1, 2005					FI.	orida De	epartment of	State	57.						
										The state of						
9.		ING MEMBER	RS/MANAGERS	10.				ADDITI	ONS/CH	IANGES						
TITLE	MGRM		Ll Delete		E MGE		روم مامال مواد			7 20 ci	hange	Addition				
NAME	NICHOLAS, LANCE G		NAN		MGRM Acknows, Lance G Change 11: Change 12: 40 Clareon Dr. Panama City Beach, FL 32413											
STREET ADDRESS	2441 HWY 98 E., STE			STREET AODRESS 4			197ean D		ريسو	7911.0						
CITY-ST-ZIP	SANTA ROSA BEACH	1, FL 32459				Pan a	ma City	Beach	PL	SOUIS						
TITLE	MGRM		☐ Delete	TITL		1	•			□ c	hange	Addition				
NAME	KAHALLEY, WILLIAM				4E											
STREET ADDRESS	5909 AIRPORT BLVD.				EET ADDRESS											
CITY-ST-ZIP	MOBILE, AL 36608				-ST-ZIP											
TITLE	_		L_I Delete	TITL						<u> </u>	hange	☐ Addition				
NAME				1 NĀN												
STREET ADDRESS					EET ADDRESS											
CITY-ST-ZIP				Cili	r-ST-ZIP											
TITLE			☐ Delete	TITL						□ c	hange	☐ Addition				
NAME				NAM												
STREET ADORESS					EET ADORESS											
CITY-ST-ZIP				— Cin	Y-ST-ZIP				<u> </u>							
TITLE			☐ Delete	TITL		1				□ c	hange	Addition				
NAME				AAA												
STREET ADDRESS			· was		EET ADDRESS		•									
CITY-ST-ZIP	 			CITY	-ST-ZIP	<u> </u>				•						
TITLE:			☐ Delete	TITL					1, 1	, □ c		Addition				
NAME			•	NAN					. 1 *	to the street						
STREET ADDRESS					EET ADDRESS											
CITY-ST-ZIP	<u> </u>	***	- 20 10		r-ST-ZIP		· , • ,	<u> </u>		<u> </u>						
11. I hereby of indicated limited fia	certify that the information of the control of the control of the company or the rection of the control of the	supplied with accurate and t iver or trustee	this filing does not qualify f that my signature shall hav empowered to execute thi	or the exe e the sam s report a	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 recipiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.											