2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State
03-24-2005 90206 013 ***150.00

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1. Entity Name
MOJITA PARTNERS, LLC

Principal Place of Business	Mailing Address
~~20 AVENUE D~~ ~~APALACHICOLA, FL 32320~~	~~20 AVENUE D, SUITE 206~~ APALACHICOLA, FL 32320

03222005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
221 Avenue E	P.O. Box 33
Suite, Apt. #, etc.: Suite B	Suite, Apt. #, etc.:
City & State: Apalachicola, FL	City & State: Apalachicola, FL
Zip: 32320 Country: USA	Zip: 32329 Country: USA

4. FEI Number: 01-0816517 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~FLOYD, J. PATRICK ESQUIRE~~ ~~408 LONG AVENUE~~ ~~PORT ST. JOE, FL 32456~~	Name: Charles Heath Galloway Street Address (P.O. Box Number is Not Acceptable): 221 Avenue E Suite B City: Apalachicola FL Zip Code: 32320

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: C.H. Galloway Charles Heath Galloway 3-22-05
Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when not changing) 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DATRY, ERIC 129 WILTON DRIVE DECATUR, GA 30030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CUNNINGHAM, GREG 3797 CASTLEGATE DRIVE ATLANTA, GA 30327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CHARLES HEATH GALLOWAY ~~20 AVENUE, SUITE 206~~ APALACHICOLA, FL 32320	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	221 Avenue E, Suite B	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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
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: C.H. Galloway Charles Heath Galloway 3-22-05 850-653-3505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #