

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90150 002 ****50.00

DOCUMENT # L04000035708

1. Entity Name
MOJITA PARTNERS, LLC



Principal Place of Business
**221 AVENUE E STE B
APALACHICOLA, FL 32320**

Mailing Address
**PO BOX 33
APALACHICOLA, FL 32329**

20006449



01232006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0816517	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GALLOWAY, CHARLES H
221 AVENUE E STE B
APALACHICOLA, FL 32320**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DATRY, ERIC 129 WILTON DRIVE DECATUR, GA 30030
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CUNNINGHAM, GREG 3797 CASTLEGATE DRIVE ATLANTA, GA 30327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHARLES HEATH GALLOWAY 221 AVENUE E STE B APALACHICOLA, FL 32320
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Charles H. Galloway* **Charles H. Galloway**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2-6-06
Date

850-653-3505
Daytime Phone #