

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

04-28-2005 90040 004 ****50.00

DOCUMENT # L04000035813 1. Entity Name ACQUIRE LAND TITLE PCB, LLC			
Principal Place of Business 100 BECKRICH ROAD SUITE 115 PANAMA CITY BEACH, FL 32407 US		Mailing Address PO BOX 5649 DESTIN, FL 32540 US	
2. Principal Place of Business 8317 Front Beach Rd		3. Mailing Address 	
Suite, Apt. #, etc. Suite 31		Suite, Apt. #, etc. 	
City & State Panama City Beach FL		City & State 	
Zip 32407	Country US	Zip 	Country
4. FEI Number 201105859		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ALLISON, PITTS 100 BECKRICH ROAD SUITE 115 PANAMA CITY BEACH, FL 32407		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8317 Front Beach Rd Suite 31 City Panama City Beach FL Zip Code 32407	
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 <u><i>[Signature]</i></u> (NOTE: Registered Agent signature required when reappointing) 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 ☐ Delete	MGRM HARROLL, CASTLE 155 CRYSTAL BEACH DRIVE SUITE 131 DESTIN, FL 32541	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	MGRM JACQUE, CASTLE 155 CRYSTAL BEACH DRIVE SUITE 200 DESTIN, FL 32541	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	MGRM ALLISON, PITTS 100 BECKRICH ROAD SUITE 115 PANAMA CITY BEACH, FL 32407	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ Change ☐ Addition	8317 Front Beach Rd Suite 31 Panama City Beach FL 32407
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: <u><i>[Signature]</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date _____ Daytime Phone # _____	

30007944

