2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State
02-11-2005 90137 009 ****50.00

DOCUMENT # L04000035990

1. Entity Name
PINEWOOD DEVELOPMENT OF BAY COUNTY, LLC

Principal Place of Business	Mailing Address
8422 SURF DRIVE PANAMA CITY, FL 32408	8422 SURF DRIVE PANAMA CITY, FL 32408

2. Principal Place of Business	3. Mailing Address
8422 SURF DR. Suite, Apt. #, etc. PANAMA CITY, FL.	8422 SURF DR. Suite, Apt. #, etc. PANAMA CITY, FL.
City & State	City & State
Zip 32408 Country USA	Zip 32408 Country USA

01042005 Chg-LLC CR2E083 (10/03)

4. FEI Number 57/1204975 — ☐ 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
COY, JOHN O 8422 SURF DRIVE PANAMA CITY, FL 32408	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 RICHTER, SCOTT C 133 COTTONWOOD CIR. LYNN HAVEN, FL 32444	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM COY, JOHN O 8422 SURF DRIVE PANAMA CITY, FL 32408	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AUTHORIZED REP. JAMES SMITH 326 JAMES ST., APT. B CALLAWAY, FL. 32404	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AUTHORIZED REP. DAN YOUNG 203 JUDY CIRCLE LYNN HAVEN, FL. 32444	☐ 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: Scott C. Richter 2-8-05 (850)832-3210
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #