2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 09, 2005 8:00 am Secretary of State

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DOCUMENT # L0400040751 1. Entity Name FEATHERS & FINS INVESTMENT PROPERTIES, LLC						02-09-2005 9	-		
Principal Plac	e of Business	Mailing Address							
6 MORENO POINT ROAD 6 MORENO PO		6 MORENO POINT ROAD DESTIN, FL 32541	NO POINT ROAD						
				,		. 66 411 618 11 68111 88 111 87 11			
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01272005	Chg-LLC .	CR2E0	83 (10/03)	,	
City & State		City & State		4. FEI Numb	0396808		<u> </u>	oplied For ot Applicable	
Zip	Country	Zip	Country			of Status Desired		\$5.00 Add	ditional
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R			
C. Isame and Address of Ourient registered Agent			Nam	18				-9	• • • • • • • • • • • • • • • • • • • •
WILLIAMS, MARTIN H 6 MORENO POINT ROAD			Street Address (P.O. Box Numb	er is Not Acceptable)		
DESTIN, F				<u> </u>				-,	
			•					_	
			City	_			FL	Zip Cod	8
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	gistered offic	e or register	ed agent, or bo	th, in the State of Flo	rida. 1 am I	lamiliar with,	and accept
SIGNATURE .									
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	Registered Agent s	gnature required	when reinstating)		DATE		
Fi	Signature, typed or printed name of registered agent of the second signature o	and title if applicable. (NOTE: F	Registered Agent s	gnature required	when reinstating)		e check p	ayable to ent of Stat	e
Fi	iling Fee is \$50.00	3 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1	Registered Agent s	gnature required	when reinstating)		e check p Departm	ent of Stat	
9.	illing Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBE MGRM	3 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1	10.	gnature required	when reinstating)	Florida	e check p Departm	ent of Stat	è Addition
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9. TITLE NAME	iling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBE MGRM WILLIAMS, MARTIN H	RS/MANAGERS	10. IITLE NAME	1	when reinstating)	Florida	e check p Departm	ent of Stat	
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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 timited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

2/3/05 (850)837-8016

Daylere Phone #