

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000042217

1. Entity Name
101 EAST GULF BEACH DR., LLC



Principal Place of Business
82 6TH STREET
APALACHICOLA, FL 32320

Mailing Address
P.O. BOX 250
APALACHICOLA, FL 32329-0250

BK

FILED
07 APR 18 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04112007 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
20-1209268

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MONOD, OLIVIER
82 SIXTH STREET
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, 2007**

BK

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MONOD, OLIVIER 82 6TH STREET APALACHICOLA, FL 32320
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANCHOR REALTY & MRTG. OF ST. GEORGE ISLAND 82 6TH STREET APALACHICOLA, FL 32320
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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/16/7

850.653.3333