

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

50

FILED

2005 MAY -5 PM 12: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05022005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000043548		
1. Entity Name WILLIS, KRENKEL, MACLIN & BLACK PROPERTIES, LLC		

Principal Place of Business POST OFFICE BOX 1566 SANTA ROSA BEACH, FL 32459 US	Mailing Address POST OFFICE BOX 1566 SANTA ROSA BEACH, FL 32459 US
--	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
Zip Country	Zip Country

6. Name and Address of Current Registered Agent MCGILL, ROBERT E III 38008 EMERALD COAST PARKWAY SUITE 301 DESTIN, FL 32541		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when renaming) DATE _____

Filing Fee is \$50.00 Due by September 7, 2005	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P Maclin, Henry W III</i> <input type="checkbox"/> Delete <i>PO Box 1566</i> <i>Santa Rosa Beach, FL 32459</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>MGEM</i> <input type="checkbox"/> Delete <i>Willis, Krenkel + Maclin Properties, LLC</i> <i>2714 CA 30A</i> <i>Santa Rosa Beach, FL 32459</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>300055980543</i> <i>06/09/05--01065--002 **3222.50</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Henry W Maclin* 5-3-05 8866229156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #