2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State
03-24-2005 90206 014 ***150.00

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1. Entity Name
PASSED OVER PROPERTIES, LLC

Principal Place of Business	Mailing Address
~~20 AVENUE D~~ ~~2ND FLOOR, SUITE 206~~ APALACHICOLA, FL 32320	POST OFFICE BOX 33 APALACHICOLA, FL 32329

03222005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
221 AVENUE E			
Suite, Apt. #, etc.: Suite B		Suite, Apt. #, etc.	
City & State: APALACHICOLA, FL		City & State	
Zip: 32320	Country: USA	Zip	Country

4. FEI Number: 20-2535817 ☐ 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
SCOTT, CATHERINE ~~20 AVENUE D~~ ~~2ND FLOOR, SUITE 206~~ APALACHICOLA, FL 32320	Name: Street Address (P.O. Box Number is Not Acceptable): 221 Avenue E Suite B City: APALACHICOLA FL Zip Code: 32320

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 CUNNINGHAM, GREG 3797 CASTLEGATE DRIVE ATLANTA, GA 30327	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ~~BATRY, ERIC~~ ~~129 WILTON~~ ~~DECATUR, GA 30030~~	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GALLOWAY, CHARLES H ~~20 AVENUE D, 2ND FLOOR, SUITE 206~~ APALACHICOLA, FL 32320	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	221 AVENUE E, Suite B APALACHICOLA, FL 32320	☒ 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: C.H. Galloway Charles H. Galloway 3-22-05 850-653-3505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #