2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000044701

1. *Entity Name*
PASSED OVER PROPERTIES, LLC

Principal Place of Business
221 AVENUE E
SUITE B
APALACHICOLA, FL 32320

Mailing Address
POST OFFICE BOX 33
APALACHICOLA, FL 32329

01232006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

SCOTT, CATHERINE
221 AVENUE E
SUITE B
APALACHICOLA, FL 32320

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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, 2006

000000505793
04/26/06-80130-013 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	CUNNINGHAM, GREG
STREET ADDRESS	3797 CASTLEGATE DRIVE
CITY-ST-ZIP	ATLANTA, GA 30327
TITLE	MGRM
NAME	GALLOWAY, CHARLES H
STREET ADDRESS	221 AVENUE E, SUITE B
CITY-ST-ZIP	APALACHICOLA, FL 32320
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: C. H. Galloway 4-11-06 850-653-35

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #