


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90032 048 ****50.00

DOCUMENT # L04000045191	
1. Entity Name TWO PALMS & A NUT, L.L.C.	

Principal Place of Business 13161 W HWY 98 INLET BEACH, FL 32413	Mailing Address 13161 W HWY 98 INLET BEACH, FL 32413
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2. Principal Place of Business 6638 W. HWY 98 Suite, Apt. #, etc.	3. Mailing Address 205 TAYLOR ST Suite, Apt. #, etc.
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City & State ST JOE BEACH, FL	City & State ENTERPRISE, AL
Zip 32456	Zip 36330
Country GULF	Country ALABAMA



04122005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1282605		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent BATTEN, CORALEE R 13161 W HWY 98 INLET BEACH, FL 32413		
7. Name and Address of New Registered Agent Name: CORALEE BATTEN Street Address (P.O. Box Number is Not Acceptable): 6638 W. HWY 98 City: ST. JOE BEACH FL Zip: 32456		

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: Coralee R. Batten DATE: 4-18-05
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	MGR BATTEN, CORALEE R 205 TAYLOR ST ENTERPRISE, AL 36330 <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	MGR FLORY, JOELLEN 128 MONTROSE CT #134 DOTHAN, AL 36305 <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
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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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Coralee R. Batten CORALEE R. BATTEN 4-18-05 850-647-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #