

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000047412

1. Entity Name  
SYC INVESTMENTS, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 SEP 16 PM 4:45

Principal Place of Business  
EAST PASS TOWERS  
100 GULF SHORE DRIVE, UNIT 526  
DESTIN, FL 32541

Mailing Address  
P.O. BOX 1602  
DESTIN, FL 32540

2. Principal Place of Business

22 MARINO PT. RD.

Suite, Apt. #, etc.

3. Mailing Address

PO Box 1602

Suite, Apt. #, etc.



08172005 Chg-LLC CR2E083 (10/03)

City & State

Destin, FL

City & State

Destin, FL

4. FEI Number

20-1304895

☒ Applied For

Not Applicable

Zip

32541

Country

USA

Zip

32540

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KILPATRICK, WILLIAM G JR  
1104 EGLIN PARKWAY  
SHALIMAR, FL 32579

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

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 September 7, 2005

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Roy Q RECTOR (PRESIDENT) ☐ Delete  
22 MARINO PT. RD  
DESTIN, FL 32541

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
LESLIE E RECTOR (V.P.) ☐ Delete  
EAST PASS TOWERS  
100 GULF SHORE DR. UNIT 526  
DESTIN, FL 32541

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
800060227038  
10/04/05--01078--006 \*\*\$50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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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 606, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #