

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000049153

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: GULF SANDS OF GULF COUNTY, LLC

**Current Principal Place of Business:**

347 WAHOO ROAD  
PANAMA CITY BEACH, FL 32408

**New Principal Place of Business:**

9142 W HWY 98  
PORT SAINT JOE, FL 32456

**Current Mailing Address:**

POST OFFICE BOX 1848  
PANAMA CITY, FL 32402

**New Mailing Address:**

POST OFFICE BOX 1262  
PORT SAINT JOE, FL 32457

FEI Number: 16-1703954

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ISLER, CHARLES S  
434 MAGNOLIA AVENUE  
PANAMA CITY, FL 32401 US

**Name and Address of New Registered Agent:**

SIZEMORE, JAMES D  
4726 BAY POINT RD  
C-122  
PANAMA CITY, FL 32401 US

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.

SIGNATURE: JAMES DANIEL SIZEMORE

04/29/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: SIZEMORE, JAMES D  
Address: POST OFFICE BOX 1848  
City-St-Zip: PANAMA CITY, FL 32402

Title: MGRM ( ) Delete  
Name: GOFF, BRANDY  
Address: 347 WAHOO ROAD  
City-St-Zip: PANAMA CITY BEACH, FL 32408

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SIZEMORE, JAMES D  
Address: POST OFFICE BOX 1262  
City-St-Zip: PORT SAINT JOE, FL 32457

Title: MGRM (X) Change ( ) Addition  
Name: GOFF, BRANDY  
Address: POST OFFICE BOX 1262  
City-St-Zip: PORT SAINT JOE, FL 32457

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: BRANDY W. GOFF

MGRM

04/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date