2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State
01-18-2005 90180 015 ****50.00

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1. Entity Name
REMORA INVESTMENTS, LLC

01052005 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
36468 EMERALD COAST PKWY, STE 7103 DESTIN, FL 32541	843 FAIRLONG TERR ACWORTH, GA 30101

2. Principal Place of Business	3. Mailing Address
3158 CLUB DR.	3158 CLUB DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DESTIN, FL	City & State: DESTIN, FL
Zip: 32550 Country: USA	Zip: 32550 Country: USA

4. FEI Number: 20-1986395 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GRAVES, DAVID
36468 EMERALD COAST PKWY, STE 7103
DESTIN, FL 32541

7. Name and Address of New Registered Agent

Name:

Street Address (P.O. Box Number is Not Acceptable): 3158 CLUB DR

City: DESTIN FL Zip Code: 32550

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] DATE: 1-12-05

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	MGRM GRAVES, DAVID 843 FAIRLONG TERR ACWORTH, GA 30101	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3154 CLUB DR. DESTIN, FL. 32550	☒ 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
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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: [signature] 1-12-05

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