

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 12, 2007 08:00 A
Secretary of State

DOCUMENT # L04000050613

1. Entity Name
PANAMA DUNES, L.L.C.



Principal Place of Business
7115 THOMAS DRIVE,
UNIT 703
PANAMA CITY BEACH, FL 32408 US

Mailing Address
POST OFFICE BOX 290
SEBASTOPOL, MS 39359



01082007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1360399

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HESS, BRIAN D
9108 FRONT BEACH ROAD
PANAMA CITY BEACH, FL 32407

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2007**

1100000585457
01/16/07-80013-012 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WEAVER, DENNIS M
P. O. BOX 290
SEBASTOPOL, MS 39359

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WEAVER, IRIS H
P. O. BOX 290
SEBASTOPOL, MS 39359

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: Dennis M. Weaver

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

1-8-07 601-625-7778

Date

Daytime Phone #