2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Feb 03, 2006 08:00 AM Secretary of State DOCUMENT # L04000054188 1. Entity Name BAZEMORE PROPERTIES, LLC Principal Place of Business Mailing Address 2310 ARRIVISTE WAY PENSACOLA FL 32504 2310 ARRIVISTE WAY PENSACOLA FL 32504 2. Principal Place of Business 3. Malling Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) 4. FEI Number Applied For City & State City & State 20-1389574 Not Applicable Zip Country Country \$5.00 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BEGGS & LANE, RLLP 501 COMMENDENCIA STREET Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32502 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50,00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ₽. ☐ Change Action. Delete TITLE TITLE MGR NAME BASS, MICHAEL T NAME UODOO0415063 11706-80109-018 50.00 STREET ADDRESS STREET ADDRESS 628 BAY CLIFF ROAD CITY-ST-ZIP CITY+ST+7P **GULF BREEZE FL 32561** ☐ Change Addin. Oefete IME TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete 7171 F 🔲 Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change T Addition ☐ Delete ππε NAME NAME STREET ADDRESS STREET ADDRESS C!TY-ST-ZIP CITY-ST-ZIP ☐ Addir ☐ Defete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP 🗀 Detete ☐ Change ☐ A/I.'~ TIRE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes 1 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 tillimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED