

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90016 012 ****50.00

20047560



04182005 Chg-LLC CR2E083 (10/03)

4. FEI Number **35-2234974** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

BOSWELL, CHRISTOPHER
30 SOUTH SHORE DRIVE
DESTIN, FL 32550

7. Name and Address of New Registered Agent

Name **Cadenhead Law Firm**
Street Address (P.O. Box Number is Not Acceptable)
543 Harbor Blvd., Ste. 501
City **Destin** **FL** Zip Code **32541**

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.

Cadenhead Law Firm *[Signature]* **FOR CADENHEAD LAW FIRM** **04/18/05**
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, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **CADENHEAD, CHRIS**
STREET ADDRESS **30 SOUTH SHORE DRIVE**
CITY-ST-ZIP **DESTIN, FL 32550**

TITLE **MGRM** ☐ Delete
NAME **BURGESS, JIM**
STREET ADDRESS **30 SOUTH SHORE DRIVE**
CITY-ST-ZIP **DESTIN, FL 32550**

TITLE **MGRM** ☐ Delete
NAME **ANCHORS, LARRY**
STREET ADDRESS **30 SOUTH SHORE DRIVE**
CITY-ST-ZIP **DESTIN, FL 32550**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Cadenhead, Chris**
STREET ADDRESS **543 Harbor Blvd., Ste. 501**
CITY-ST-ZIP **Destin, FL 32541**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Burgess, Jim**
STREET ADDRESS **543 Harbor Blvd., Ste. 501**
CITY-ST-ZIP **Destin, FL 32541**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Anchors, Larry**
STREET ADDRESS **543 Harbor Blvd., Ste. 501**
CITY-ST-ZIP **Destin, FL 32541**

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

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

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

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]*

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

04/18/05 (850) 887-5609
Date Daytime Phone #