

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State

05-16-2005 90042 005 ****50.00

20058291



05042005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1443919 Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

VIOLETTE, MARK A PA
34990 EMERALD COAST PKWY
4TH FLOOR, SUITE 403
DESTIN, FL 32541

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 September 7, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ADAMSON, JEFFERY D	
STREET ADDRESS	155 INDIGO LOOP	
CITY-ST-ZIP	MIRAMAR BEACH, FL 32550	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ADAMSON, TAMMY L	
STREET ADDRESS	155 INDIGO LOOP	
CITY-ST-ZIP	MIRAMAR BEACH, FL 32550	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	KELLY, MICHAEL K	
STREET ADDRESS	25 DELBERT LANE	
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32549	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	KELLY, SUSAN C	
STREET ADDRESS	25 DELBERT LANE	
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32549	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #