2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# L04000059301

Entity Name: CARRABELLE LANDINGS, LLC

Current Principal Place of Business:

709 SCHOOL STREET
HUNTSVILLE, AL 35801 US

New Principal Place of Business:

4800 WHITESBURG DRIVE
SUITE 30-351
HUNTSVILLE, AL 35802 US

Current Mailing Address:

709 SCHOOL STREET
HUNTSVILLE, AL 35801 US

New Mailing Address:

4800 WHITESBURG DRIVE
SUITE 30-351
HUNTSVILLE, AL 35802 US

FEI Number: 20-1983087 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GROOM, PAUL W II
206 E. FOURTH STREET
PORT ST. JOE, FL 32456 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: STOKES, BARBARA
Address: 709 SCHOOL STREET
City-St-Zip: HUNTSVILLE, AL 35801 US

Title: MGRM (X) Delete
Name: BLAIR, CHRISTOPHER C
Address: 28 LAKE POINTE DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: STOKES, BARBARA
Address: 4800 WHITESBURG DRIVE SUITE 30-351
City-St-Zip: HUNTSVILLE, AL 35802 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: BARBARA STOKES MGR 04/30/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date