


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90070 014 ****50.00

DOCUMENT # L04000074079 1. Entity Name LORITA PASS, LLC			
Principal Place of Business 27 SANDCASTLES COURT SANTA ROSA BEACH, FL 32459		Mailing Address 27 SANDCASTLES COURT SANTA ROSA BEACH, FL 32459	
2. Principal Place of Business 40 ANTIGUA LANE		3. Mailing Address 40 ANTIGUA LANE	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State SANTA ROSA BEACH, FL		City & State SANTA ROSA BEACH, FL	
Zip 32459		Zip 32459	
Country 		Country 	
4. FEI Number 20-1737044		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PORATH, SHANNON L 56 SPIRES LANE 16A SANTA ROSA BEACH, FL 32459		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAYLOR, KITTY 32 DRISCOLL DRIVE SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIEHL, ALAN 32 DRISCOLL DRIVE SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOVELL, BARBARA 27 SANDCASTLES COURT SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOVELL, ADRIAN D JR 27 SANDCASTLES COURT SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOVELL, ADRIAN D JR 27 SANDCASTLES COURT SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOVELL, ADRIAN D JR 27 SANDCASTLES COURT SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOVELL, ADRIAN D JR 27 SANDCASTLES COURT SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOVELL, ADRIAN D JR 27 SANDCASTLES COURT SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____		4/13/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	