FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90086 021 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000081455

1. Entity Name
ANGEL OFFSITE, LLC

40072180

Principal Place of Business
8173 POMPANO STREET
NAVARRE, FL 32566

Mailing Address
8173 POMPANO STREET
NAVARRE, FL 32566

(L04000081455C)

04222005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
34940 Emerald Coast Pkwy	34940 Emerald Coast Pkwy
Suite, Apt. #, etc.: Suite 106	Suite, Apt. #, etc.: Suite 106
City & State: Destin FL	City & State: Destin FL
Zip: 32541 Country: Okaloosa	Zip: 32541 Country: Okaloosa

4. FEI Number: 20-1869642 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CRAWFORD, WILLIAM J
8173 POMPANO STREET
NAVARRE, FL 32566

7. Name and Address of New Registered Agent

Name: Crawford, William J.
Street Address (P.O. Box Number is Not Acceptable): 34940 Emerald Coast Pkwy
Suite 106
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.

SIGNATURE [signature] 4/26/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re instating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE	MGRM	☒ Change ☐ Addition
NAME	CRAWFORD, WILLIAM J		NAME	Crawford, William	
STREET ADDRESS	8173 POMPANO STREET		STREET ADDRESS	34940 Emerald Coast Pkwy, Suite 106	
CITY-ST-ZIP	NAVARRE, FL 32566		CITY-ST-ZIP	Destin FL 32541	
TITLE	MGRM	☐ Delete	TITLE	MGRM	☒ Change ☐ Addition
NAME	CRAWFORD, KATHY J		NAME	Crawford, Kathy J.	
STREET ADDRESS	8173 POMPANO STREET		STREET ADDRESS	34940 Emerald Coast Pkwy, Suite 106	
CITY-ST-ZIP	NAVARRE, FL 32566		CITY-ST-ZIP	Destin FL 32541	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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] Managing Member 4/26/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #