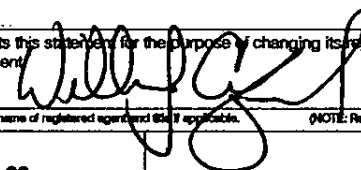
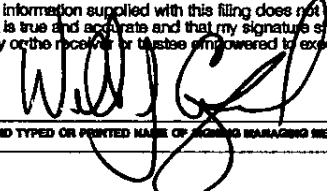


FILED
May 02, 2005 8:00 am
Secretary of State

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

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000081455			
1. Entity Name ANGEL OFFSITE, LLC			
Principal Place of Business 8173 POMPANO STREET NAVARRE, FL 32566		Mailing Address 8173 POMPANO STREET NAVARRE, FL 32566	
2. Principal Place of Business 34940 EMERALD COAST PKWY Suite, Apt. #, etc. SUITE 106 City & State DESTIN FL Zip 32541 Country OKLAHOMA		3. Mailing Address 34940 EMERALD COAST PKWY Suite, Apt. #, etc. SUITE 106 City & State DESTIN FL Zip 32541 Country OKLAHOMA	
		4. FFI 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  DATE 4/26/05 (NOTE: Registered Agent signature required when re-instating)			
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 NAME STREET ADDRESS CITY-ST-ZIP MGRM CRAWFORD, WILLIAM J 8173 POMPANO STREET NAVARRE, FL 32566 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM CRAWFORD, WILLIAM J 34940 EMERALD COAST PKWY, SUITE 106 DESTIN FL 32541 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM CRAWFORD, KATHY J 8173 POMPANO STREET NAVARRE, FL 32566 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM CRAWFORD, KATHY J 34940 EMERALD COAST PKWY, SUITE 106 DESTIN FL 32541 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
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 member or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE: 		Managing Member 4/26/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

40072180

(L04000081455C)

04222005 Chg-LLC CR2E083 (10/03)