

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082400

Entity Name: MUNCIE SAILORS, LLC

FILED
Apr 06, 2005
Secretary of State

Current Principal Place of Business:

185 MIDDLE PLANTATION LANE
GULF BREEZE, FL 32561

New Principal Place of Business:

Current Mailing Address:

185 MIDDLE PLANTATION LANE
GULF BREEZE, FL 32561

New Mailing Address:

FEI Number: 34-2028215

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOOREHEAD, STEPHEN R
4300 BAYOU BLVD., SUITE 13
PENSACOLA, FL 32503 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: MGR () Delete
Name: STONEBRAKER, SCOTT
Address: 185 MIDDLE PLANTATION LANE
City-St-Zip: GULF BREEZE, FL 32561

Title: MGR () Delete
Name: KUNDENREICH, TOM
Address: 313 S. BUCKINGHAM
City-St-Zip: YORKTOWN, IN 47396

Title: MGR () Delete
Name: MERRITT, STEVE
Address: 4685 NORTH COUNTY RD 450 WEST
City-St-Zip: MIDDLETOWN, IN 47356

ADDITIONS/CHANGES:

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

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

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: SCOTT J. STONEBRAKER

MGR

04/06/2005

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