

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000084304

FILED  
Jul 17, 2007  
Secretary of State

**Entity Name:** PROPERTIES AT CARILLON BEACH INN, LLC

**Current Principal Place of Business:**

110 GOLF DRIVE  
PANAMA CITY BEACH, FL 32408

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 27189  
PANAMA CITY, FL 32411

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

ROPA, MICHAEL J  
110 GOLF DRIVE  
PANAMA CITY BEACH, FL 32408 US

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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ROPA, MIKE  
Address: 110 GOLF DRIVE  
City-St-Zip: PANAMA CITY, FL 32411

Title: MGRM ( ) Delete  
Name: MANER, TOM  
Address: 246 MARLIN CIRCLE  
City-St-Zip: PANAMA CITY, FL 32411

Title: MGRM ( ) Delete  
Name: AMATO, CHARLES  
Address: 7021 EBENEZER CHURCH ROAD  
City-St-Zip: RALEIGH, NC 27612

Title: MGRM ( ) Delete  
Name: MOON, JARAD  
Address: 1813 BOWMAN LANE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: MGRM ( ) Delete  
Name: ROPA, CINDY  
Address: 110 GOLF DRIVE  
City-St-Zip: PANAMA CITY, FL 32411

Title: MGRM ( ) Delete  
Name: MOON, SELENA  
Address: 1813 BOWMAN LANE  
City-St-Zip: LYNN HAVEN, FL 32444

**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:

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 exemption stated in Chapter 119, 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: MICHAEL ROPA

MGRM

07/17/2007

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