

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 24, 2007 8:00 am**  
**Secretary of State**

01-24-2007 90051 005 \*\*\*\*50.00

**DOCUMENT # L05000001153**



1. Entity Name  
**E & D PROPERTIES, LLC**

Principal Place of Business

**221 AVE E  
SUITE B  
APALACHICOLA, FL 32320**

Mailing Address

**POST OFFICE BOX 33  
APALACHICOLA, FL 32329**

2. Principal Place of Business - No P.O. Box #  
**1560 Peachtree Rd.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092007 Chg-LLC CR2E083 (12/06)

City & State  
**APALACHICOLA, FL**

City & State

4. FEI Number  
**20-2161062**

Applied For  
Not Applicable

Zip  
**32320**

Country  
**USA**

Zip

Country

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

8. Name and Address of Current Registered Agent

**SCOTT, CATHERINE  
221 AVE E 1560 Peachtree Rd  
SUITE B  
APALACHICOLA, FL 32320**

7. Name and Address of New Registered Agent

Name **Scott, Catherine**  
Street Address (P.O. Box Number is Not Acceptable)  
**1560 Peachtree Rd**  
City **APALACHICOLA** FL Zip Code **32320**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
CUNNINGHAM, GREGORY S  
221 AVE E STE B  
APALACHICOLA, FL 32320** ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
Cunningham, Gregory S.  
1560 Peachtree Rd  
APALACHICOLA, FL 32320** ☒ 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  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #