

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000005947

FILED
Mar 02, 2007
Secretary of State

Entity Name: FLORIDA BAYOU PROPERTIES, LLC

Current Principal Place of Business:

POST OFFICE BOX 1931
NICEVILLE, FL 32588 US

New Principal Place of Business:

2021 KILDAIRE CIRCLE
NICEVILLE, FL 32578 US

Current Mailing Address:

POST OFFICE BOX 1931
NICEVILLE, FL 32588 US

New Mailing Address:

4481 LEGENDARY DRIVE
SUITE 200
DESTIN, FL 32541 US

FEI Number: 20-3589353

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELMICH, KEVIN M ESQUIRE
4481 LEGENDARY DRIVE
SUITE 200
DESTIN, FL 32541 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/MANAGERS:

Title: MGRM () Delete
Name: THOMPSON, KEVIN A
Address: 4553 KNOLLWOOD LANE
City-St-Zip: NICEVILLE, FL 32578

Title: MGRM () Delete
Name: DEMONBRUN, CARLTON T
Address: 2021 KILDAIRE CIRCLE
City-St-Zip: NICEVILLE, FL 32578

Title: MGRM () Delete
Name: THOMPSON, LAURA L
Address: 4553 KNOLLWOOD LANE
City-St-Zip: NICEVILLE, FL 32578

Title: MGRM (X) Delete
Name: DEMONBRUN, NANCY B
Address: 2021 KILDAIRE CIRCLE
City-St-Zip: NICEVILLE, FL 32578 FL

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: THOMPSON, LAURA L
Address: 4553 KNOLLWOOD LANE
City-St-Zip: NICEVILLE, FL 32578 US

Title: MGRM (X) Change () Addition
Name: DEMONBRUN, CARLTON T
Address: 2021 KILDAIRE CIRCLE
City-St-Zip: NICEVILLE, FL 32578 US

Title: MGRM (X) Change () Addition
Name: DEMONBRUN, NANCY B
Address: 2021 KILDAIRE CIRCLE
City-St-Zip: NICEVILLE, FL 32578 US

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 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: LAURA L. THOMPSON

MGRM

03/02/2007

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