

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000035706**  
 1. Entity Name  
 67, LLC



Principal Place of Business: 727 HIGHWAY 98 EAST, DESTIN FL 32541  
 Mailing Address: 727 HIGHWAY 98 EAST, DESTIN FL 32541



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

1st MOORE CR2E083 (10/06)

6. Name and Address of Current Registered Agent  
 BURKE, LES W  
 221 MCKENZIE AVENUE  
 PANAMA CITY FL 32401

4. FEI Number: 20-2709151  
 Applied For: Not Applicable

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

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

U00000654935  
 03/13/07-80085-019 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME MGR SCHINZ, F.W. "FREDDIE"	<input type="checkbox"/> Delete
STREET ADDRESS 727 HIGHWAY 98 EAST	
CITY ST ZIP DESTIN FL 32541	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY ST ZIP	
TITLE NAME	<input type="checkbox"/> Delete
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TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY ST ZIP	

10. ADDITIONS/CHANGES	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
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STREET ADDRESS	
CITY ST ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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] 2/26/07 850-654-4884  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #