




2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 19, 2006 8:00 am
Secretary of State

07-19-2006 90092 027 ****75.00

DOCUMENT # L05000048892					
1. Entity Name SHILOH PROPERTY DEVELOPMENT LLC					
Principal Place of Business 2105 ANDREWS RD. LYNN HAVEN, FL 32444			Mailing Address 2105 ANDREWS RD. LYNN HAVEN, FL 32444		
2. Principal Place of Business 2812 BRIARCLIFF RD.		3. Mailing Address 2812 BRIARCLIFF RD.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07182006 Chg-LLC CR2E083 (11/05)	
City & State PENSACOLA CITY FL		City & State PENSACOLA CITY FL		4. FEI Number see Amendment	
Zip 32405		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent AGENTS AND CORPORATIONS, INC. SUITE E, 773 4TH AVENUE NORTH NAPLES, FL 34102				7. Name and Address of New Registered Agent Name: <u>NA</u> Street Address (P.O. Box Number is Not Acceptable): City: <u>FL</u> 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 _____					
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COULTHARD, ROBERT S JR. 2105 ANDREWS RD. LYNN HAVEN, FL 32444 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COULTHARD, CHRISTY L 2105 ANDREWS RD. LYNN HAVEN, FL 32444 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 				Date: <u>7/18/06</u> Daytime Phone #: <u>850-896-1275</u>	

ATTACHMENT
ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

20049523

SHILOH Property Development

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 5/17/05 and assigned document number 205000098892

SECOND: This amendment is submitted to amend the following:

CHANGE NAME TO: ORGANIZED LIVING
ADD: ROBERT CLAYTON COULTHARD AS
A MANAGING MEMBER
ADD: FEI NUMBER 20-4452268
CHANGE ADDRESS TO:
2812 BRIARCLIFF RD.
PANAMA CITY FL 32405

Dated

7/18/06



Signature of a member or authorized representative of a member

ROBERT S. COULTHARD JR.

Typed or printed name of signee

ATTACHMENT 20049523
COVER LETTER HL05000048892

TO: Registration Section
Division of Corporations

SUBJECT: SHILOH Property Development
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STAN COULTHARD
(Name of Person)

ORGANIZED LIVING
(Firm/Company)

2812 BRIARCLIFF RD.
(Address)

PANAMA CITY FL 32405
(City/State and Zip Code)

For further information concerning this matter, please call:

STAN COULTHARD at (850) 896-1075
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301