

**LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90045 007 ****55.00

DOCUMENT # L05000049587

1. Entity Name

L005 HOLDINGS, LLC



DO NOT WRITE IN THIS SPACE

20049351

2. Principal Place of Business

EDGEWATER BEACH RESORT

3. Mailing Address

JOAN M. LOOS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11483 FRONT BEACH RD

11520 Edgewood RD.

City & State

City & State

PANAMA CITY BEACH, FL

HARRISON OH

Zip

Country

Zip

Country

32407

USA

45030

USA

4. FEI Number

20-4207553

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

BRIAN D. HESS

Street Address (P.O. Box Number is Not Acceptable)

9108 FRONT BEACH ROAD

City

PANAMA CITY BEACH FL

Zip Code

32407

**DO NOT WRITE
IN THIS SPACE**

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.

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
JOAN M. LOOS
11520 Edgewood ROAD
HARRISON OH 45030

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
RAYMOND R. LOOS
11520 Edgewood ROAD
HARRISON OH 45030

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Joan M. Loos - Joan M. LOOS

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

7-11-06

Date

513-367-9883

Daytime Phone #