

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 29, 2008 8:00 am
Secretary of State

07-29-2008 90046 001 *1,510.00

DOCUMENT # L05000061572

1. Entity Name
COOK BAYOU INVESTMENTS II LLC



Principal Place of Business
**11741 POSTON ROAD
EASTBAY
PANAMA CITY, FL 32404**

Mailing Address
**11741 POSTON ROAD
EASTBAY
PANAMA CITY, FL 32404**

30010629



07072008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4612735

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COWAN, JOEL H JR
11741 POSTON ROAD
EASTBAY
PANAMA CITY, FL 32404**

**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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EAST BAY INVESTMENTS LLC 1626 PRIMROSE LANE PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COWAN HOLDINGS LLC 11615 POSTON ROAD PANAMA CITY, FL 32404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITEWATER CREEK INVESTMENT COMPANY LP 102 PEBBLESTUMP POINT PEACHTREE CITY, GA 30269
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOD FARM TWO-THIRDS LLC 1170 PEACHTREE STREET NE SUITE 2350 ATLANTA, GA 30309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOD FARM ONE-THIRD LLC 23231 LAPALMA AVENUE YORBA LINDA, CA 92877
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7-9-08

404-591-6100