

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000064197

FILED  
Mar 17, 2007  
Secretary of State

Entity Name: OLDE TOWNE COTTAGES, LLC

**Current Principal Place of Business:**

P O BOX 4738  
SEASIDE, FL 32459

**New Principal Place of Business:**

13161 EMERAL COAST PARKWAY  
PANAMA CITY BEACH, FL 32413

**Current Mailing Address:**

P O BOX 4738  
SEASIDE, FL 32459

**New Mailing Address:**

FEI Number: 20-3093290

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PORATH, SHANNON L  
56 SPIRES LANE  
16A  
SANTA ROSA BEACH, FL 32459 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: BOTTEMS, RITA  
Address: P O BOX 4738  
City-St-Zip: SEASIDE, FL 32459

Title: MGRM ( ) Delete  
Name: ROBINS, RAY  
Address: P O BOX 4738  
City-St-Zip: SEASIDE, FL 32459

Title: MGRM ( ) Delete  
Name: YEOMAN, G. B JR.  
Address: P O BOX 4738  
City-St-Zip: SEASIDE, FL 32459

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RAYMOND N. ROBINS

MGRM

03/17/2007

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