2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Feb 24, 2006 8:00 am Secretary of State 02-06-2006 90179 024 ****50.00

DOCUMENT # L05000066571 1. Enlity Name INDIAN BLUFF PRESERVE, L.L.C.						02-06-200	06 90179 024 '	****50.00
Principal Place of Business 416 JENKS AVENUE PANAMA CITY, FL 32401		Mailing Address 416 JENKS AVENUE PANAMA CITY, FL 32401		30000974				
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01252006	Chg-LLC	CR2E083 (11/05)	;	
City & State		City & State			4. FEI Numb	3108004	A	pplied For ot Applicable
Zip	Country	Zip	Country		1	of Status Desired	S5.00 Ad	ditional
	6. Name and Address of Current	Registered Agent	<u> </u>	Name	7. Name and	Address of New Re		
SLOAN, TIMOTHY J								
427 MCKENZIE AVENUE PANAMA CITY, FL 32401				Street Address	(P.O. Box Numb	er is Not Acceptable)		
				City			FL Zip Cox	de
8. The above	named entity submits this statement for tions of registered agent.	r the purpose of changing its	s registere	ed office or registe	red agent, or bo	th, in the State of Flori		, and accept
SIGNATURE .	ilots ar registated egent.							
SIGNATORE.	Signature, typed or printed name of registered agent a	and title if applicable (NOT	F. Registered	Agent signatura required	d when renstating)		DATE	
Fi D	lling Fee is \$50.00 ue by May 1, 2006						check payable to Department of Stat	te
9.	MANAGING MEMBE		10.			ADDITIONS/C	HANGES	
TITLE NAME	MGR MCNEIL, CANDE W	☐ Delete	TITLE NAME				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	416 JENKS AVENUE PANAMA CITY, FL 32401		STREE	T ADDRESS ST-ZIP				
TITLE		Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				T ADORESS ST-71P				
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME SIREE CITY-	T ADDRESS				
TITLE		Delete	TITLE				☐ Change	Addition
	1							
NAME STREET ADDRESS CITY-ST-71P		C bear		T ADDRESS				
_		Detere		T ADDRESS			Change	☐ Addition
STREET ADDRESS City-St-Zip			STREE CITY-S FITLE RAME STREE	T ADDRESS SI-ZIP			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			STREE CITY-S FITLE NAME	T ADDRESS SI-ZIP			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS		☐ Detete	STREE CITY-S FITLE NAME STREE CITY-S FITLE NAME STREE	T ADDRESS SI- 2P IT ADDRESS ST- 2IP IT ADDRESS				
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby of	certify that the information supplied with	Detete Detete	STREE CITY-S FITLE NAME STREE CITY-S FITLE NAME STREE CITY-S FITLE NAME STREE CITY-S FITLE NAME STREE CITY-S	T ADDRESS SI- ZIP I ADDRESS SI- ZIP I ADDRESS SI- ZIP potions contained	in Chapter 119	Florida Statutes I fund	☐ Change	Addition
STREET ADDRESS CITY-SI- ZIP TITLE MAME STREET ADDRESS CITY-SI- ZIP TITLE MAME STREET ADDRESS CITY-SI- ZIP 11. I hereby of indicated	certify that the information supplied with on this report is true and accurate and ibility company or the receiver or trustee	Detete Detete Detete	STREE CITY-S HTLL NAME STREE CITY-S HTLE NAME STREE CITY-S W the exem	T ADDRESS SI- ZIP IT ADDRESS SI- ZIP J ADDRESS SI- ZIP Inpitions contained legal effect as if n	nada under oath	: that I am a managin	☐ Change	Addition



ATTACHMENT

30000972

FLORIDA DEPARTMENT OF STATE **Division of Corporations**

February 9, 2006

INDIAN BLUFF PRESERVE, L.L.C. 416 JENKS AVENUE PANAMA CITY, FL 32401

Subject: INDIAN BLUFF PRESERVE, L.L.C.

Reference Number:

L05000066571

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051. wrected tached

/cc

ANNUAL REPORTS SECTION