

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 27, 2006 8:00 am
Secretary of State

04-13-2006 90035 024 ****50.00

DOCUMENT # L05000074576			
1. Entity Name MAHOGANY MILLS, L.L.C.			
Principal Place of Business 1388 COUNTRY CLUB ROAD GULF BREEZE, FL 32563		Mailing Address 1388 COUNTRY CLUB ROAD GULF BREEZE, FL 32563	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3814116		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MONTGOMERY, ROBERT 1388 COUNTRY CLUB ROAD GULF BREEZE, FL 32563		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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 _____ DATE _____ Signature typed or printed in ink of registered agent and fee if applicable (NOTE: Registered Agent signature required when re-registering)			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MONTGOMERY, ROBERT 1388 COUNTRY CLUB ROAD GULF BREEZE, FL 32563 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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 60B, Florida Statutes.			
SIGNATURE: <u><i>Robert Montgomery</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		4/10/06 8509329228 Date	