

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000083693**

1. Entity Name  
**GARDEN PROPERTIES OF NW FLORIDA, LLC**



Principal Place of Business  
**52 CAMP CREEK POINT DR  
PANAMA CITY BEACH, FL 32413**

Mailing Address  
**52 CAMP CREEK POINT DR  
PANAMA CITY BEACH, FL 32413**



03272008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3353211**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SNIDER, SUSAN B  
52 CAMP CREEK POINT DR  
PANAMA CITY BEACH, FL 32413**

**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  
After May 1, 2008 Fee will be \$538.75**

U00000890435

04/22/08-80094-022-138.75

**9. MANAGING MEMBERS/MANAGERS**

|                |                             |
|----------------|-----------------------------|
| TITLE          | MGR                         |
| NAME           | JINKS, MARILYN B            |
| STREET ADDRESS | P.O. BOX 611449             |
| CITY-ST-ZIP    | ROSEMARY BEACH, FL 32461    |
| TITLE          | MGR                         |
| NAME           | SNIDER, SUSAN B             |
| STREET ADDRESS | 52 CAMP CREEK POINT DR      |
| CITY-ST-ZIP    | PANAMA CITY BEACH, FL 32413 |
| TITLE          | MGR                         |
| NAME           | JACKSON, HILDA B            |
| STREET ADDRESS | 448 BOND ROAD               |
| CITY-ST-ZIP    | DEFUNIAK SPRINGS, FL 32433  |
| TITLE          | MGR                         |
| NAME           | DAVIS, DEBBIE B             |
| STREET ADDRESS | 4619 NORTSHORE RD           |
| CITY-ST-ZIP    | LYNN HAVEN, FL 32444        |
| TITLE          |                             |
| NAME           |                             |
| STREET ADDRESS |                             |
| CITY-ST-ZIP    |                             |
| 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:** *Marilyn B. Jinks*

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

Date

Daytime Phone #

**MARILYN B. JINKS, MEMBER**