

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90196 030 ****50.00

DOCUMENT # L05000090005

1. Entity Name
GOTTA BELIEVE REALTY, LLC



Principal Place of Business
212 3RD STREET
PORT ST. JOE, FL 32456 US

Mailing Address
212 3RD STREET
PORT ST. JOE, FL 32456 US

20022865

2. Principal Place of Business
212 3rd Street (Same)
Suite, Apt. #, etc.

3. Mailing Address
212 3rd Street (Same)
Suite, Apt. #, etc.

01302006 Chg-LLC CR2E083 (11/05)



City & State
Port St. Joe, FL 32456
Zip **32456** Country **USA**

City & State
Port St. Joe, FL 32456
Zip **32456** Country **USA**

4. FEI Number
#20-3445896
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

COSTIN, CHARLES A
413 WILLIAMS AVE
PORT ST JOE, FL 32456

7. Name and Address of New Registered Agent

Name
(Same)
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MADDOX, JOHN C ☐ Delete
1203 CONSTITUTION DRIVE
PORT ST. JOE, FL 32456

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager ☒ Change ☐ Addition
Maddox, John C.
212 3rd Street
Port St. Joe, FL 32456

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

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☐ 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 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

March 23, 2006 950227-7777