

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 30, 2007 8:00 am**  
**Secretary of State**

01-30-2007 90034 029 \*\*\*\*50.00

**DOCUMENT # L05000094794**

1. Entity Name

**BAMA 83, LLC**



Principal Place of Business

4321 JAN COOLEY DRIVE  
PANAMA CITY BEACH FL 32408  
US

Mailing Address

4321 JAN COOLEY DRIVE  
PANAMA CITY BEACH FL 32408  
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**20-3536249**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BAKER, FRANK A**  
**4431 LAFAYETTE STREET**  
**MARIANNA FL 32446**

Name

**TERRY DuBOSE**

Street Address (P.O. Box Number is Not Acceptable)

**4321 JAN COOLEY DR**

City

**PANAMA CITY BEACH FL**

Zip Code

**32408**

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

*Terry DuBose*

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

(NOTE: Registered Agent signature removed when resigning)

DATE

**1/23/07**

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE: **MGRM** ☐ Delete  
NAME: **DUBOSE, TERRY**  
STREET ADDRESS: **4321 JAN COOLEY DRIVE**  
CITY- ST- ZIP: **PANAMA CITY BEACH FL 32408**

TITLE: ☐ Delete  
NAME: ☐ Delete  
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10. ADDITIONS/CHANGES

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Terry DuBose*

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

Date

**1/23/07**

**(850) 249-2265**

Daytime Phone #