

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90034 023 ****50.00

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03152006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000096714 1. Entity Name PANAMA CITY ONE, LLC					
Principal Place of Business 1211 WEST THARPE STREET TALLAHASSEE, FL 32303			Mailing Address 1211 WEST THARPE STREET TALLAHASSEE, FL 32303		
2. Principal Place of Business 3518 EAST 15TH STREET Suite, Apt. #, etc.		3. Mailing Address 3518 EAST 15TH STREET Suite, Apt. #, etc.			
City & State PANAMA CITY, FL Zip 32404-5831		City & State PANAMA CITY, FL Zip 32404-5831		4. FEI Number 32-0162475 Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KANDY, ANDRE 3212 15TH STREET EAST PANAMA CITY, FL 32404				7. Name and Address of New Registered Agent Name KANDY, ANDRE Street Address (P.O. Box Number is Not Acceptable) 3518 EAST 15TH STREET City PANAMA CITY FL Zip Code 32404	
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 3/15/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
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 KW MANAGEMENT AFDC, INC. 1211 WEST THARPE STREET TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KW MANAGEMENT AFDC, INC. 3518 EAST 15TH STREET PANAMA CITY, FL 32404-5831	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:			3/15/06 850-769-5443		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		