

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/1

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-12-2006 90018 019 ****55.00

DOCUMENT # L05000113689

1. Entity Name
PALM COAST BEACH PROPERTIES, LLC



Principal Place of Business
**255 NORTH LAKE AVENUE
LAKE BUTLER, FL 32054**

Mailing Address
**P.O. BOX 238
LAKE BUTLER, FL 32054**

30005675



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02062006 Chg-LLC CR2E083 (11/05)

4. FEI Number

20-3848738

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

**ROBERTS, AVERY C
255 NORTH LAKE AVENUE
LAKE BUTLER, FL 32054**

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

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

(NOTE: Registered Agent signature required when re-registering)

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 **MANAGING Member** ☐ Delete
NAME **TWYLA S. ROBERTS**
STREET ADDRESS **4121-A NW 37th PLACE**
CITY- ST- ZIP **GAINESVILLE, FL 32606**

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

TITLE **MANAGING Member** ☐ Delete
NAME **DAMELA WOODINGTON**
STREET ADDRESS **635 E. MAIN ST**
CITY- ST- ZIP **LAKE BUTLER, FL 32054**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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CITY- ST- ZIP

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

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 #

4-3-06 3848738