

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 16, 2008 8:00 am
Secretary of State

04-30-2008 90027 032 ***138.75

30009424



DOCUMENT # L07000022003					
1. Entity Name FRESH WATER LANDS MANAGEMENT, LLC					
Principal Place of Business 422 N. MAIN STREET CRESTVIEW, FL 32536 US			Mailing Address 422 N. MAIN STREET CRESTVIEW, FL 32536 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 20-9614686	
				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		
POWELL, AVA S 422 N. MAIN STREET CRESTVIEW, FL 32536			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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MEMBER ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	GILLIS E. POWELL SR. TRUSTEE	NAME			
STREET ADDRESS	441 W. MIRACLE STRIP PKWY	STREET ADDRESS			
CITY-ST-ZIP	MARY ESTHER, FLA. 32569	CITY-ST-ZIP			
TITLE	MEMBER, PRESIDENT ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	AVA S. POWELL	NAME			
STREET ADDRESS	441 W. MIRACLE STRIP PKWY	STREET ADDRESS			
CITY-ST-ZIP	MARY ESTHER, FLA. 32569	CITY-ST-ZIP			
TITLE	MEMBER, V.P. & SECRETARY ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	GILLIS E. POWELL JR.	NAME			
STREET ADDRESS	175 RIDGELAKE ROAD	STREET ADDRESS			
CITY-ST-ZIP	CRESTVIEW FLA 32536	CITY-ST-ZIP			
TITLE	MEMBER, VP & TREASURER ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	DIXIE D. POWELL	NAME			
STREET ADDRESS	2033 W. JAMES LEE BLVD.	STREET ADDRESS			
CITY-ST-ZIP	CRESTVIEW FLA 32536	CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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 606, Florida Statutes.					
SIGNATURE: <u>Ava S. Powell</u>		Date: <u>4-29-08</u>		Daytime Phone: <u>850 6645564</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					