


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 15, 2005 08:00 AM
Secretary of State

DOCUMENT # L960000Q1219 1. Entity Name THE LOWER APALACHICOLA STEAMSHIP LIMITED COMPANY	
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Principal Place of Business 573 EAST GORRIE DRIVE ST. GEORGE ISLAND, FL 32328	Mailing Address 573 EAST GORRIE DRIVE ST. GEORGE ISLAND, FL 32328
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DO NOT WRITE IN THIS SPACE

03112005No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3441842	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent BEAN, MASON 573 EAST GORRIE DRIVE ST. GEORGE ISLAND, FL 32328	DO NOT WRITE IN THIS SPACE
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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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM BEAN, MASON 573 EAST GORRIE DRIVE ST. GEORGE ISLAND, FL 32328
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03/15/05-80006-014 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Mason Bean* **3-11-05** **850-927-3100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #