

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

5/5

FILED
Jun 07, 2004 8:00 am
Secretary of State

05-05-2004 90001 034 ****50.00

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1. Entity Name
NORTHWEST FLORIDA LAND, L.C.



Principal Place of Business

**350 PENSACOLA BEACH BLVD
GULF BREEZE, FL 32561**

Mailing Address

**P.O. BOX 99
GULF BREEZE, FL 32562**

400 Gulf Breeze Pkway - Suite 208

34008172



02142004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3472524

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LYONS, MARK III
350 PENSACOLA BEACH BLVD - P.O. Box 99
GULF BREEZE, FL 32561**

**DO NOT WRITE
IN THIS SPACE**

400 Gulf Breeze Pkway - Suite 208

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 reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
A.M.I., INC.
P.O. BOX 99 N/A
GULF BREEZE, FL 32562**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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: *Mark Lyons III*

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

4/15/04

Date

850 934 0440

Daytime Phone #