

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000000652

FILED
Sep 01, 2004
Secretary of State

Entity Name: PERDIDO KEY BEACH PROPERTIES, L.C.

Current Principal Place of Business:

14001 PERDIDO KEY DRIVE
PENSACOLA, FL 32507

New Principal Place of Business:

14113 PERDIDO KEY DRIVE
PENSACOLA, FL 32507

Current Mailing Address:

645 GULF SHORES PKWY
GULF SHORES, FL 36542

New Mailing Address:

14113 PERDIDO KEY DRIVE
PENSACOLA, FL 32504

FEI Number: 59-3563432

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAGMAN, WILLIAM
14001 PERDIDO KEY DRIVE
PENSACOLA, FL 32507 US

Name and Address of New Registered Agent:

LAGMAN, WILLIAM P
14113 PERDIDO KEY DRIVE
PENSACOLA, FL 32507 US

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.

SIGNATURE: WILLIAM P. LAGMAN

09/01/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: PK-1, LLC,
Address: 645 GULF SHORES PKWY
City-St-Zip: GULF SHORES, AL 36542

Title: MGRM () Delete
Name: BROCKMAN, RALPH W
Address: 2812 ARMAND
City-St-Zip: MONROE, LA 71201

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PK-1, LLC,
Address: 14113 PERDIDO KEY DRIVE
City-St-Zip: PENSACOLA, FL 32507

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: WILLIAM P. LAGMAN

MGRM

09/01/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date