

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 12, 2006 8:00 am
Secretary of State

06-12-2006 90336 006 ****50.00

DOCUMENT # L98000001018

1. Entity Name

EXPOSITION PROPERTIES, L.L.C.



Principal Place of Business

402 JENKS AVENUE
PANAMA CITY FL 32401

Mailing Address

1192 VILLAGE COVE
ATLANTA GA 30319

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

1163 FAIRWAY GARDENS

Suite, Apt. #, etc.

City & State

City & State

ATLANTA, GA.

Zip

Country

Zip

30319

Country

USA

4. FEI Number

58-2503426

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/05)



6. Name and Address of Current Registered Agent

GIOIELLO, JOHN L
404 JENKS AVENUE
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE: MEM ☐ Delete
NAME: GULFBREEZE EXPOSITION, LLC
STREET ADDRESS: 1597 BULEVAR MENOR
CITY-ST-ZIP: PENSACOLA BEACH FL 32561

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
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10. ADDITIONS/CHANGES

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

TITLE: ☐ Change ☐ Addition
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CITY-ST-ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *James Entekin* *LARRY W. ENTAEKIN* 6/4/06 404 233 5610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #