

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 27, 2005 08:00 AM
Secretary of State**

DOCUMENT # L99000000803

1. Entity Name
NW FLORIDA PROPERTIES, LLC



Principal Place of Business

**C/O KEVIN M. HELMICH
P.O. BOX 5499
DESTIN, FL 32540**

Mailing Address

**4737 PAPAYA PARK
DESTIN, FL 32541**



04242005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3561230

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**HELMICH, KEVIN M ESQ.
4481 LEGENDARY DRIVE, SUITE 200
DESTIN, FL 32541**

**DO NOT WRITE
IN THIS SPACE**

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, 2005**

**U00000337034
04/27/05-80152-017 50.00**

9. **MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	HELMICH, KEVIN M
STREET ADDRESS	P.O. BOX 5499
CITY-ST-ZIP	DESTIN, FL 32540
TITLE	MGRM
NAME	BOWYER, KEVIN
STREET ADDRESS	36474 EMERALD COAST PARKWAY, SUITE 1201
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	MGRM
NAME	DAVID, DON
STREET ADDRESS	4737 PAPAYA PARK
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	MGRM
NAME	SMITH, GREGORY
STREET ADDRESS	15 NORTH EGLIN PARKWAY
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	MGRM
NAME	WARD, MICHAEL
STREET ADDRESS	21 LINWOOD DR
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547
TITLE	
NAME	
STREET ADDRESS	
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: _____

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

Date

Daytime Phone #

4/25/05