

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 16, 2006 8:00 am
Secretary of State

08-16-2006 90078 027 ****50.00

DOCUMENT # L99000005023

1. Entity Name
MYSTIC PORTE, LLC



Principal Place of Business
**219 MAGNOLIA ST
SANTA ROSA BEACH FL 32459**

Mailing Address
**P.O. BOX 1250
SANTA ROSA BEACH FL 32459**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3597837**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

2nd MOORE CR2E083 (4/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KRAEMER, MARY K
607 E HWY 98
DESTIN FL 32541**

Name **A.J. PORTE**
Street Address (P.O. Box Number is Not Acceptable) **219 MAGNOLIA ST.**
City **SANTA ROSA BEACH FL** Zip Code **32459**

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]

A.J. PORTE

7-31-06

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 September 6, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
PORTE, A.J.
96 BRAMBLE ST
SANTA ROSA BEACH FL 32459** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
PORTE, A.J.
219 MAGNOLIA ST.
SANTA ROSA BEACH FL 32459** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
PORTE, CYNTHIA
96 BRAMBLE ST
SANTA ROSA BEACH FL 32459** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
PORTE, CYNTHIA
219 MAGNOLIA ST.
SANTA ROSA BEACH FL 32459** ☒ Change ☐ Addition

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

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CITY - ST - ZIP
--- ☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *A.J. PORTE*

[Signature]

7/31/06

850-974-8738

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

Date

Daytime Phone #