## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L99000007003

Entity Name: BAY COUNTY ENTERPRISES, L.L.C.

FILED Apr 25, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

520 COMMERCE DR. PANAMA CITY, FL 32408

Current Mailing Address: New Mailing Address:

P.O. BOX 27879 PANAMA CITY, FL 324117879

FEI Number: 59-3603701 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NANCY RUSSELL AMIS 520 COMMERCE DR. PANAMA CITY, FL 32408

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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

US

ADDITIONS/CHANGES:

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition

 Name:
 B. JEFFERSON RUSSELL,
 Name:
 AMIS, NANCY R

 Address:
 P.O. BOX 27879
 Address:
 P.O. BOX 27879

City-St-Zip: PANAMA CITY, FL 324117879 City-St-Zip: PANAMA CITY, FL 324117879

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition

 Name:
 MELISSA GUEST RUSSEL, L
 Name:
 AMIS, R. WILLIAM

 Address:
 P.O. BOX 27879
 Address:
 P.O. BOX 27879

City-St-Zip: PANAMA CITY, FL 324117879 City-St-Zip: PANAMA CITY, FL 324117879

Title: MGRM (X) Delete Title: ( ) Change ( ) Addition

 Name:
 NANCY RUSSELL AMIS,
 Name:

 Address:
 P.O. BOX 27879
 Address:

 City-St-Zip:
 PANAMA CITY, FL 324117879
 City-St-Zip:

Title: MGRM (X) Delete Title: ( ) Change ( ) Addition

 Name:
 R. WILLIAMS AMIS,
 Name:

 Address:
 P.O. BOX 27879
 Address:

 City-St-Zip:
 PANAMA CITY, FL 324117879
 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: NANCY R. AMIS MGRM 04/25/2005