

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90024 042 ****50.00

DOCUMENT # M03000003252

1. Entity Name

J. COBB REALTY, LLC



Principal Place of Business

1004 NE HIGHWAY 98
UNIT 2
MEXICO BEACH FL 32410

Mailing Address

P.O. BOX 14027
MEXICO BEACH FL 32410



2. Principal Place of Business

514 - EAST Fourth Street

3. Mailing Address

P.O. Box 339

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

PORT ST. Joe, Florida

City & State

PORT ST. Joe, FL.

Zip

32456

Country

GU17

Zip

32457

Country

GU17

4. FEI Number

65-1187191

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAULDIN, NANCY
20696 NE CR-69-A
BLOUNTSTOWN FL 32424

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 MGR ☐ Delete
NAME COBB, JAMES W
STREET ADDRESS 388 COOK ROAD
CITY-ST-ZIP COLQUITT GA 39837

TITLE MGR ☐ Delete
NAME MAULDIN, NANCY
STREET ADDRESS 20696 NE CR-69-A
CITY-ST-ZIP BLOUNTSTOWN FL 32424

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 W. COBB - James W. Cobb 3/3/2006 - 850-229-4880