

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90200 049 ****50.00

DOCUMENT # M04000001733

1. Entity Name
FAR PROPERTY MANAGEMENT COMPANY, LLC



Principal Place of Business
**50 HILL STREET, NW, BUILDING A
FT. WALTON BEACH, FL 32548**

Mailing Address
**50 HILL STREET, NW, BUILDING A
FT. WALTON BEACH, FL 32548**

DO NOT WRITE IN THIS SPACE



01182005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-1218808

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**YONGUE, ROBERT
50 HILL STREET, NW, BUILDING A
FT. WALTON BEACH, FL 32548**

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	YONGUE, ROBERT
STREET ADDRESS	210 PELHAM ROAD, #204A
CITY-ST-ZIP	FT. WALTON BEACH, FL 32479
TITLE	MGR
NAME	CARR, ADRIENNE
STREET ADDRESS	71 6TH STREET
CITY-ST-ZIP	SHALIMAR, FL 32579
TITLE	MGR
NAME	METSCH, FAYE
STREET ADDRESS	210 PELHAM ROAD, #204A
CITY-ST-ZIP	FT. WALTON BEACH, FL 32479
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Adrienne Carr - ADRIENNE CARR 1-2405 850-243-5771

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

Date

Daytime Phone #