

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # M04000002027

1. Entity Name
MIDNIGHT MANAGEMENT & INVESTMENTS, L.L.C.



Principal Place of Business

222 SECOND AVENUE, SE
CULLMAN, AL 32505

Mailing Address

222 SECOND AVENUE, SE
CULLMAN, AL 32505



03232005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0539087

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional**
Fee Required

6. Name and Address of Current Registered Agent

KNIGHT, MICHAEL
150 INDIAN BAYOU DRIVE
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 relocating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CANADAY, EDWARD A
STREET ADDRESS	605 8TH STREET, SE
CITY - ST - ZIP	CULLMAN, AL 35055
TITLE	MGRM
NAME	CANADAY, JOSEPH H JR.
STREET ADDRESS	900 6TH AVENUE, SE
CITY - ST - ZIP	CULLMAN, AL 35055
TITLE	MGRM
NAME	KNIGHT, MICHAEL
STREET ADDRESS	150 INDIAN BAYOU DRIVE
CITY - ST - ZIP	DESTIN, FL 32541
TITLE	MGRM
NAME	CDG, L.L.C.
STREET ADDRESS	135 BIRMINGHAM STREET, SW
CITY - ST - ZIP	CULLMAN, AL 35055

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03/28/05-80017-006 55.00

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

3/24/05

Date

256-734-1377

Daytime Phone #