

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**

**Feb 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M97000000593**

1. Entity Name

PERRY FAMILY PROPERTIES, L.L.C.



Principal Place of Business

78 US 19 SOUTH  
CAMILLA GA 31730

Mailing Address

PO BOX 429  
CAMILLA GA 31730

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



1st MOORE

CR2E083 (10/04)

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2186776

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PERRY, CLAUDE F SR.  
732 HIGHWAY 98 EAST  
DESTIN FL 32541

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, 2005**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME PERRY MERGLER, KIMBERLY  
STREET ADDRESS 78 U.S. 19 SOUTH  
CITY-ST-ZIP CAMILLA GA 31730

TITLE ☐ Change ☐ Addition  
NAME U000000219311  
STREET ADDRESS 02/08/05-80021-025 50.00  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME PERRY, EVA ZWACK  
STREET ADDRESS 78 U.S. 19 SOUTH  
CITY-ST-ZIP CAMILLA GA 31730

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

TITLE MGRM ☐ Delete  
NAME PERRY HAMILTON, CATHERINE  
STREET ADDRESS 78 U.S. 19 SOUTH  
CITY-ST-ZIP CAMILLA GA 31730

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

TITLE MGR ☐ Delete  
NAME PERRY, CLAUDE F SR.  
STREET ADDRESS U.S. 19 SOUTH  
CITY-ST-ZIP CAMILLA GA 31730

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
NAME  
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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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

8350  
865-1063