

**2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Sep 08, 2006  
Secretary of State**

DOCUMENT# L03000038568

Entity Name: PRISTINE PROPERTIES VACATION RENTALS LLC

**Current Principal Place of Business:**

402 REID AVENUE  
PORT ST. JOE, FL 32456

**New Principal Place of Business:**

**Current Mailing Address:**

402 REID AVENUE  
PORT ST. JOE, FL 32456

**New Mailing Address:**

FEI Number: 55-0849011      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

RISH, GIBSON & SCHOLZ, P.A.  
206 EAST FOURTH STREET  
PORT ST. JOE, FL 32456      US

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

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/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: COX, JAMES A  
Address: 402 REID AVENUE  
City-St-Zip: PORT ST.. JOE, FL 32456

Title: MGR      ( ) Delete  
Name: COX, CATHERINE S  
Address: 2387 CONSTITUTION DRIVE  
City-St-Zip: PORT ST. JOE, FL 32456

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR      ( ) Change (X) Addition  
Name: GERLACH, JUSTIN D  
Address: 110 HERITAGE LANE  
City-St-Zip: PORT ST. JOE, FL 32456

Title: MGR      ( ) Change (X) Addition  
Name: GERLACH, ALYSON M  
Address: 110 HERITAGE LANE  
City-St-Zip: PORT ST. JOE, FL 32456

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JAMES A COX

MGRM

09/08/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date