


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 08:00 A**  
**Secretary of State**

|  |   |
|--|---|
| DOCUMENT # L04000054462                      |  |
| 1. Entity Name<br>FREEPORT CHOCTAW BEACH LLC |   |

|  |  |
|--|--|
| Principal Place of Business<br>573 AVALON BLVD.<br>DESTIN, FL 32550 US | Mailing Address<br>573 AVALON BLVD.<br>DESTIN, FL 32550 US |
|--|--|

DO NOT WRITE IN THIS SPACE

|  |                                       |
|--|---------------------------------------|
|  |                                       |
| 04172007 No Chg-LLC  | CR2E083 (11/05)                       |
| 4. FEI Number<br>20-1383044  | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/>                          | <b>\$5.00 Additional Fee Required</b> |

6. Name and Address of Current Registered Agent

BREWER, STEVE  
 573 AVALON BLVD.  
 DESTIN, FL 32550

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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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>BREWER, STEVE E<br>573 AVALON BLVD<br>DESTIN, FL 32550     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>GOODSON, LANCE<br>2625 5TH AVE NORTH<br>BESSEMER, AL 35020 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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U00000716070  
 04/29/07-80001-016 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  4/17/07 205 424-5335

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #