

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 29, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # L00000006405**

i. Entity Name

**TIDEWATER BEACH DEVELOPMENT, L.L.C.**



Principal Place of Business

**139 EMERALD COAST PARKWAY, SUITE 111-A  
DESTIN, FL 32550**

Mailing Address

**12889 EMERALD COAST PARKWAY, SUITE 111-A  
DESTIN, FL 32550**



04242005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-3654643**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WALTERS, ELIZABETH J  
221 MCKENZIE AVENUE  
PANAMA CITY, FL 32401**

**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 HENRY, THOMAS B JR  
STREET ADDRESS 12889 EMERALD COAST PKWY STE 111-A  
CITY-ST-ZIP DESTIN, FL 32550

TITLE MGR  
NAME KLEIN, HERMAN F JR.  
STREET ADDRESS 906 BALL STREET STE 10  
CITY-ST-ZIP PERRY, GA 31069

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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U000000341317  
04/29/05-80010-009 50.00

**DO NOT WRITE  
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:

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

**THOMAS B. HENRY, JR 4/25/05 (800) 684-4888**

Date

Daytime Phone #