
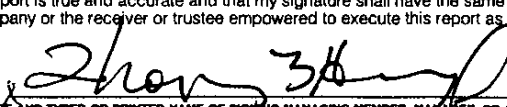


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90034 038 \*\*\*\*50.00

<b>DOCUMENT # L00000006405</b> 1. Entity Name <b>TIDEWATER BEACH DEVELOPMENT, L.L.C.</b>					
Principal Place of Business <b>12889 EMERALD COAST PARKWAY, SUITE 111-A DESTIN, FL 32550</b>			Mailing Address <b>12889 EMERALD COAST PARKWAY, SUITE 111-A DESTIN, FL 32550</b>		
2. Principal Place of Business - No P.O. Box # <b>6910 E CR 30A</b>		3. Mailing Address <b>6910 E CR 30-A</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Prominence FL</b>		City & State <b>Prominence FL</b>		4. FEI Number <b>59-3654643</b>	
Zip <b>32413</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WALTERS, ELIZABETH J 221 MCKENZIE AVENUE PANAMA CITY, FL 32401</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HENRY, THOMAS B JR 12889 EMERALD COAST PKWY STE 111-A DESTIN, FL 32550 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Henry, Thomas B Jr 6910 E CR 30A Prominence FL 32413 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KLEIN, HERMAN F JR. 806 BALL STREET STE 10 PERRY, GA 31069 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Klein, Jackie 906 Ball Street Ste 10 Perry GA 31069 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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.					
<b>SIGNATURE:</b> 			<b>850-231-7942</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		