## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) May 22, 2002 8:00 am Secretary of State DOCUMENT # L0000007593 1. Entity Name 05-22-2002 90067 002 \*\*\*\*50.00 TIDEWATER BEACH EAST DEVELOPMENT, L.L.C. Principal Place of Business Mailing Address 1322 MIRACLE STRIP PARKWAY SE P.O. BOX 1570 900049 FT'WALTON BEACH FL 32548 FT WALTON BEACH FL 32549 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3666799 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WALTERS, ELIZABETH J ESQ Street Address (P.O. Box Number is Not Acceptable) **BURKE & BLUE PA** 221 MCKENZIE AVE PANAMA CITY FL 32401 City Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. MGRM (9/01) TITI F ☐ Change ■ Addition TITLE ☐ Delete NAME DEAL LAND AND MINERALS, L.L.C. NAME CR2E083 STREET ADDRESS STREET ADDRESS 208 HOOD AVE CITY-ST-ZIP CITY-ST-ZIP FT WALTON FL 32549 MGRM Delete TITLE Addition KLEIN. HERMAN F JR NAME NAME STREET ADDRESS STREET ADDRESS 806 BALL ST CITY-ST-ZIP CITY-ST-ZIF **PERRY GA 31069** \_\_ Change TITLE Defete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(i), Florida Statutes. I further certify that the information 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 ceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. indicated on this report is true and limited liability company or the SIGNATURE:

PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #