

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90037 029 \*\*\*\*\*50.00

**DOCUMENT # L00000007593**

1. Entity Name

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



Principal Place of Business

**906 BALL ST.  
STE 10  
PERRY GA**

Mailing Address

**2004 TUCKER RD.  
PERRY GA 31069**

2. Principal Place of Business

**1122 Ball Street**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite B**

City & State

**Perry, GA**

Zip

**31069**

**USA**

Country

4. FEI Number **59-3666799**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WALTERS, ELIZABETH J ESQ  
BURKE & BLUE PA  
221 MCKENZIE AVE  
PANAMA CITY FL 32401**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

|                |                                       |  |
|----------------|---------------------------------------|--|
| TITLE          | <b>MGRM</b>                           | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>DEAL LAND AND MINERALS, L.L.C.</b> |  |
| STREET ADDRESS | <b>208 HOOD AVE</b>                   |  |
| CITY-ST-ZIP    | <b>FT WALTON FL 32549</b>             |  |
| TITLE          | <b>MGRM</b>                           | <input type="checkbox"/> Delete            |
| NAME           | <b>KLEIN, HERMAN F JR.</b>            |  |
| STREET ADDRESS | <b>806 BALL ST</b>                    |  |
| CITY-ST-ZIP    | <b>PERRY GA 31069</b>                 |  |
| TITLE          |                                       | <input type="checkbox"/> Delete            |
| NAME           |                                       |  |
| STREET ADDRESS |                                       |  |
| CITY-ST-ZIP    |                                       |  |
| TITLE          |                                       | <input type="checkbox"/> Delete            |
| NAME           |                                       |  |
| STREET ADDRESS |                                       |  |
| CITY-ST-ZIP    |                                       |  |
| TITLE          |                                       | <input type="checkbox"/> Delete            |
| NAME           |                                       |  |
| STREET ADDRESS |                                       |  |
| CITY-ST-ZIP    |                                       |  |
| TITLE          |                                       | <input type="checkbox"/> Delete            |
| NAME           |                                       |  |
| STREET ADDRESS |                                       |  |
| CITY-ST-ZIP    |                                       |  |

10. ADDITIONS/CHANGES

|                |                                  |  |
|----------------|----------------------------------|--|
| TITLE          |                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                  |  |
| STREET ADDRESS |                                  |  |
| CITY-ST-ZIP    |                                  |  |
| TITLE          | <b>MGRM</b>                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Klein, Herman F Jr.</b>       |  |
| STREET ADDRESS | <b>1122 Ball Street, Ste B</b>   |  |
| CITY-ST-ZIP    | <b>Perry, GA 31069</b>           |  |
| TITLE          | <b>MGRM</b>                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Thomas B. Henry, Jr.</b>      |  |
| STREET ADDRESS | <b>724 HWY 98 EAST, Unit 101</b> |  |
| CITY-ST-ZIP    | <b>Destin, FL 32541</b>          |  |
| TITLE          |                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                  |  |
| STREET ADDRESS |                                  |  |
| CITY-ST-ZIP    |                                  |  |
| TITLE          |                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                  |  |
| STREET ADDRESS |                                  |  |
| CITY-ST-ZIP    |                                  |  |
| TITLE          |                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                  |  |
| STREET ADDRESS |                                  |  |
| 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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4/14/03 478-988-3765**

CR2E083 (10/02)

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