

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000008439

FILED
Mar 02, 2005
Secretary of State

Entity Name: THE THREE MUSKETEERS OF N.W. FLORIDA L.L.C.

Current Principal Place of Business:

321 HWY 98 EAST
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

321 HWY 98 EAST
DESTIN, FL 32541

New Mailing Address:

FEI Number: 59-3660325

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHESSER, MICHAEL D
1201 EGLIN PARKWAY
SHALIMAR, FL 32579 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MEM () Delete
Name: PETERSON, DALE E
Address: 321 HWY 98 EAST
City-St-Zip: DESTIN, FL 32541

Title: MGR () Delete
Name: PAINE, KEN
Address: 3617 GOLDSYS WAY
City-St-Zip: DESTIN, FL 32541

Title: MGR () Delete
Name: DIAMOND DUNES LLC,
Address: 4041 INDIAN BAYOU N
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PETERSON, DALE E
Address: 321 HWY 98 EAST
City-St-Zip: DESTIN, FL 32541

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: STEPHEN R. SAMETZ,
Address: 4041 INDIAN BAYOU N
City-St-Zip: DESTIN, FL 32541

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DALE PETERSON

MGRM

03/02/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date