FILED Apr 25, 2005 8:00 am Secretary of State

2005	LIMITED LIABILITY COMPAN	T
	ANNUAL REPORT	

ANNOAL KEFOKI							Seci	Cuu	- J		uic	
DOCUMENT # L0000013894 1. Entity Name FRANGISTA DEVELOPMENT CO., L.L.C.				•				04-25-	2005 9	90095 03	30 ****5	50.00
Principal Place of Business Mailing Address												
36468 EMERALD COAST PARKWAY			36468 EMERALD COAST PARKWAY						_	49	1	
SUITE 10101			SUITE 10101				20045121					
DESTIN, FL 3	32541		DESTIN, FL 32541									
2. Principal Pl	tace of Busin	ess	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04202005	Chg-LLC	;	CR2E083	3 (10/03)		
City & State			City & State			4. FEI Numbe				I Apr	olied For	
0.1, 0.0.0.	•		City & State			59-372				_ _ ``	Applicable	
Zip		Country	Zip	Coun	try				:	\$	5.00 Addi	itional
					5. Certificate of Status Desired Fee Required							
	6. Name	and Address of Current F	Registered Agent				7. Name and Address of New Registered Agent					
	-710.11				Name							
GWIN, CUI		DAST PARKWAY, SU	HTE 10101		Street A	ddress (P.O. Box Numb	er is Not Acce	ptable)			
DESTIN, F		JASI PARNVAI, SU	THE TOTOL		0.000							
DE01114, 1	_ 0_0,,											ı
		•			City						Zip Code	
										FL	<u></u>	
	named entity ions of regist		the purpose of changing its	register	ed office o	r register	ed agent, or bo	th, in the State	of Flori	da. I am fa	miliar with, a	and accept
SIGNATURE .												
	Signature, typed	or printed name of registered agent a	ind title if applicable. (NOTI	E: Registere	d Agent signat	nte technikec	when reinstating)			DATE		
Filing Fee is \$50.00 Due by May 1, 2005								F		check pay Departmer		•
9.		MANAGING MEMBE	RS/MANAGERS	10.				ADDIT	IONS/C	HANGES		
TITLE	MGR	ĪΠ	 E						Change	☐ Addition		
NAME	MGR			NAW	E	}						
STREET ADDRESS	36468 EM	IERALD COAST PARK	WAY, SUITE 10101	STRI	ET ADDRESS			•				
CITY-ST-ZIP	DESTIN, I	FL 32541		CITY	-ST-ZIP							
TITLE	MGR	TITL	E					1	C hange	☐ Addition		
NAME	WILSON	NAM	_	1900	Caonia	Cylf D	rivo					
STREET ADDRESS		ERALD COAST PARK	WAY, SUITE 10101		ET ADDRESS	Dest	Scenic in, FL	32550	TTVE			
CITY-ST-ZIP	DESTIN, I	FL 32541		-	-ST-ZIP							
TITLE			☐ Delete	TITL							Change	☐ Addition
NAME STREET ADDRESS				NAM STD	eet address							
CITY-ST-ZIP					-ST-ZIP							
<u> </u>	ļ.——-		☐ Delete								Change	☐ Addition
TITLE NAME			☐ Délete	TITL NAA							Change	☐ Addition
STREET ADDRESS					EET ADDRESS						•	•
CITY-ST-ZIP				CITY	'-ST-ZIP							
TITLE			☐ Delete	TITL	E						Change	☐ Addition
NAME		3	Donate	NAM						,		
STREET ADDRESS				STR	EET ADDRESS	ì						
CITY-ST-ZIP				CITY	'-ST-ZIP	l						
TITLE			☐ Defete	ΙΙΙ	E						Change	Addition
NAME				NAA	KE.							
STREET ADDRESS					EET ADDRESS							
CITY-ST-ZIP	<u>L</u>		<u></u> -		'-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 any 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 of the receiver or trutted empowered to execute this report as required by Chapter 608, Florida Statutes.												
	4	/ Ala		_	? E	14-					_	
SIGNAT	TURE: _	JOURS			<u>3/100</u>			<u>ч -20-</u>	<u>05</u>			<u>- 0392</u>
	SIGNATURE /	and typed or printed name of	F SIGNING MANAGING MEMBER, MA	NAGER, O	R AUTHORIZE	D REPRES	ENTATIVE	Date		Day	time Phone #	