

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000014686

FILED
Apr 30, 2006
Secretary of State

Entity Name: SANTA ROSA ISLAND DEVELOPERS, L.L.C.

Current Principal Place of Business:

40001 EMERALD COAST PKWY.
DESTIN, FL 32541

New Principal Place of Business:

42 BUSINESS CENTRE DRIVE
SUITE 401
MIRAMAR BEACH, FL 32550 US

Current Mailing Address:

40001 EMERALD COAST PKWY.
DESTIN, FL 32541

New Mailing Address:

42 BUSINESS CENTRE DRIVE
SUITE 401
MIRAMAR BEACH, FL 32550 US

FEI Number: 43-1957845

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATTHEWS, DANA C ESQ.
MATTHEWS & HAWKINS, P.A.
4475 LEGENDARY DRIVE
DESTIN, FL 32541 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/MANAGERS:

Title: MGR () Delete
Name: JONES, C. WAYNE
Address: 184 TWELVE OAKS LANE
City-St-Zip: FREEPORT, FL 32439

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: OAKMONT DEVELOPMENT,, INC
Address: 42 BUSINESS CENTRE DRIVE, SUITE 401
City-St-Zip: MIRAMAR BEACH, FL 32550 US

Title: ST () Change (X) Addition
Name: MCDOWELL, GINGER
Address: 499 PLEASANT RIDGE ROAD
City-St-Zip: DEFUNIAK SPRINGS, FL 32533 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: GINGER MCDOWELL

S

04/30/2006

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