## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # L01000000533 1. Entity Name 06 JUN -8 AM 10: 00 BAYWALK LANDINGS, LLC. Principal Place of Business Mailing Address 1234 AIRPORT ROAD 1234 AIRPORT ROAD SUITE 215 SUITE 215 DESTIN, FL 32541 DESTIN, FL 32541 2. Principal Place of Business 3. Mailing Address 4300 Legendary Drive 4300 Legendary Drive Suite, Apt. #, etc. Suite 204 Suite, Apt. #, etc. Suite 204 04202006 CR2E083 (11/05) Chg-LLC Applied For 4. FEI Number City & State City & State 65-1066869 Not Applicable Destin FI Destin, FI Zip Country \$5.00 Additional Country 5. Certificate of Status Desired 32541 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OLSON, RICHARD - 4300 Legendary Drive - Suite 204 Street Address (P.O. Box Number is Not Acceptable) 1235 AIRPORT-ROAD **SUITE 215.** DESTIN, FL 32541 Zip Code place and agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this the obligations of registers SIGNATURE Filing Fee Is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. Change MGRM ☐ Addition TITLE ☐ Delete TITLE OLSON & ASSOCIATES OF NW FLORIDA, INC. NAME NAME 4300 Legendary Drive, Ste 204 STREET ADDRESS STREET ADDRESS 1234 AIRPORT ROAD, SUITE 215 CITY-ST-Z# DESTIN, FL 32541 CITY-ST-ZIP Destin, FL 32541 ☐ Change ■ Addition Delete TITLE TITLE NAME NAME **300076302443** 06/19/06--01005--001 \*\*2150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Channe 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 exemptions contained in Chapter 119, 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.

HORIZED REPRESENTATIVE