

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L02000001669

1. Entity Name

BAYWALK LAND COMPANY LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN -8 AM 10:00

Principal Place of Business Mailing Address
1234 AIRPORT ROAD, SUITE 215 1234 AIRPORT ROAD, SUITE 215
C/O OLSON & ASSOCIATES OF NW FLORIDA C/O OLSON & ASSOCIATES OF NW FLORIDA
DESTIN FL 32541 DESTIN FL 32541



2. Principal Place of Business 4300 Legendary Drive
3. Mailing Address 4300 Legendary Drive

Suite, Apt. #, etc.
Suite 204

Suite, Apt. #, etc.
Suite 204

City & State
Destin, FL

City & State
Destin, FL

Zip
32541

Country

Zip
32541

Country

1st MOORE

CR2E083 (10/05)

[Handwritten signature]

4. FEI Number 59-3755013
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OLSON, RICHARD
~~1234 AIRPORT ROAD, SUITE 215~~
DESTIN FL 32541

4300 Legendary Drive
Suite 204

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

[Handwritten signature]
(Signature, typed or printed name of registered agent, and date required)

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-06

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006.

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME OLSON & ASSOCIATES OF NW FLORIDA, INC.
STREET ADDRESS 1234 AIRPORT ROAD, SUITE 215
CITY-ST-ZIP DESTIN FL 32541 ☐ Delete

TITLE
NAME 4300 Legendary Drive, Ste 204
STREET ADDRESS Destin, FL 32541 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
200076302292
06/19/06--01005--001 **2150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

(Signature and typed or printed name of signing managing member, manager, or authorized representative)

Date

Daytime Phone #

4-28-06

850-650-2858