

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000012734

FILED
Jan 23, 2006
Secretary of State

Entity Name: SALT WATER PROPERTIES, LLC

Current Principal Place of Business:

8125 THOMAS DRIVE
PANAMA CITY BEACH, FL 32408

New Principal Place of Business:

1520 MOYLAN ROAD
PANAMA CITY BEACH, FL 32407

Current Mailing Address:

8125 THOMAS DRIVE
PANAMA CITY BEACH, FL 32408

New Mailing Address:

1520 MOYLAN ROAD
PANAMA CITY BEACH, FL 32407

FEI Number: 55-0794918

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNIGHT, ROBERT SHAWN
8125 THOMAS DR.
PANAMA CITY BEACH, FL 32408 US

Name and Address of New Registered Agent:

KNIGHT, ROBERT SHAWN
6229 PINETREE AV.
PANAMA CITY BEACH, FL 32408 US

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: ROBERT SHAWN KNIGHT

01/23/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KNIGHT, ROBERT S
Address: P.O. BOX 13954
City-St-Zip: TALLAHASSEE, FL 32317

Title: MGRM () Delete
Name: REECE, JAMES W
Address: 5056 16TH ST DR NE
City-St-Zip: HICKORY, NC 28601

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KNIGHT, ROBERT S
Address: P.O. BOX 19146
City-St-Zip: PANAMA CITY BEACH, FL 32417

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

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: ROBERT SHAWN KNIGHT

MGRM

01/23/2006

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