


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90024 027 ****50.00

DOCUMENT # L02000020706 1. Entity Name SOMEWHERE OVER THE RAINBOW, L.L.C.	
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Principal Place of Business 34990 EMERALD COAST PKWY 401 DESTIN, FL 32541	Mailing Address 34990 EMERALD COAST PKWY 401 DESTIN, FL 32541
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02162005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3651390	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent KRUSE, CRAIG J 34990 EMERALD COAST PKWY SUITE 401 DESTIN, FL 32541
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**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KRUSE, CRAIG J 34990 EMERALD COAST PKWY STE 401 DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TOMMESONE, GERALD P.O. BOX 309 FORT WALTON BEACH, FL 32549
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TOMMASONE, GERALD 34990 EMERALD COAST PKWY STE 401 DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/23/05 850-269122