

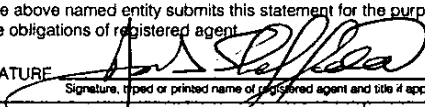
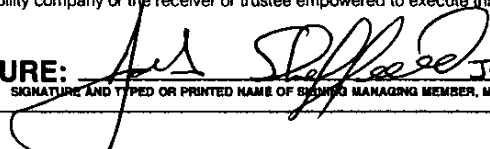


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90427 028 ****50.00

DOCUMENT # L02000025068 1. Entity Name MEXICO BEACH VILLAS, L.L.C.						
Principal Place of Business 5505 SUN HARBOR RD., #125 PANAMA CITY, FL 32401			Mailing Address P.O. BOX 28105 PANAMA CITY BEACH, FL 32411			
2. Principal Place of Business 1431 TROUT DRIVE		3. Mailing Address P.O. Box 28329				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State PANAMA CITY BCH, FL		City & State PANAMA CITY BCH, FL		4. FEI Number 51-0430498		
Zip 32411		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent FULLER, CHARLES W 703 BLUEFISH DRIVE PANAMA CITY, FL 32411				7. Name and Address of New Registered Agent Name JOSEPH A. SHEFFIELD Street Address (P.O. Box Number is Not Acceptable) 1431 TROUT DRIVE City PANAMA CITY BCH FL Zip Code 32411		
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 				DATE 05/28/05		
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FULLER, CHARLES W. PO BOX 28105 PANAMA CITY, FL 32411 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JOSEPH A. SHEFFIELD P.O. Box 28329 PANAMA CITY BCH, FL 32411 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GEORGE A. ROBERTS 3510 FOX RUN BLVD PANAMA CITY BCH, FL 32408 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  JOSEPH A. SHEFFIELD 03/30/05 850 233 0956 <small>SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>						

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