

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90013 048 ****50.00

DOCUMENT # L03000001036

1. Entity Name
THE BUNGALOWS DEVELOPMENT COMPANY, LLC



Principal Place of Business
**36468 EMERALD COAST PARKWAY
10101
DESTIN, FL 32541**

Mailing Address
**36468 EMERALD COAST PARKWAY
10101
DESTIN, FL 32541**

DO NOT WRITE IN THIS SPACE



03092006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
33-1038288

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GWIN, CURTIS H
36468 EMERALD COAST PARKWAY, SUITE 10101
DESTIN, FL 32541**

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GWIN, CURTIS H
STREET ADDRESS	36468 EMERALD COAST PARKWAY, SUITE 10101
CITY - ST - ZIP	DESTIN, FL 32541
TITLE	MGRM
NAME	SHOULTS, H. RAY
STREET ADDRESS	36468 EMERALD COAST PARKWAY, SUITE 10101
CITY - ST - ZIP	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 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/25/06

850-837-0392