2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 28, 2008 8:00 am Secretary of State **DOCUMENT # L03000001036** 04-28-2008 90037 032 ***138.75 1. Entity Name THE BUNGALOWS DEVELOPMENT COMPANY, LLC Principal Place of Business Mailing Address 36468 EMERALD COAST PARKWAY 36468 EMERALD COAST PARKWAY 10101 10101 DESTIN, FL 32541 DESTIN, FL 32541 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03172008 CR2E083 (12/06) Chg-LLC Applied For 4 FELNumber City & State City & State 33-1038288 Not Applicable Country Zip Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GWIN, CURTIS H Street Address (P.O. Box Number is Not Acceptable) 36468 EMERALD COAST PARKWAY, SUITE 10101 DESTIN, FL 32541 City 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. ☐ Addition TITLE MGRM TITLE **MGRM** Change : ☐ Defete REVOCABLE TRUST OF CURTIS H. GWIN GWIN, CURTIS H 36468 EMERALD COAST PKWY, SUITE 10101 36468 EMERALD COAST PARKWAY, SUITE 10101 STREET ADDRESS STREET ADDRESS DESTIN, FL 32541 CITY-ST-ZIP CITY-ST-ZIP DESTIN, FL 32541 MGRM Change ☐ Addition Delete TITLE TITLE MGRM NAME SHOULTS, H. RAY REVOCABLE TRUST AGREEMENT OF HOWARD RAY SHOULTS 36468 EMERALD COAST PKWY, SUITE 10101 36468 EMERALD COAST PARKWAY, SUITE 10101 STREET ADDRESS STREET ADDRESS DESTIN, FL 32541 CITY-ST-ZIP CITY-ST-ZIP DESTIN, FL 32541 ☐ Change ☐ Addition TITLE ☐ Dēlete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP TITLE Delete Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

AGING MEMBER, MANAGER OR AUTHORIZED RE

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