

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Perdido Beach Club, LLC

Job # 11601 Cost Code 32-02 Type C
 G/L # 1255-00 Amount \$ 50.00
 Approved By D. Hood Sr (see below)

DOCUMENT # L03000004947

1. Entity Name
INDIGO MANAGEMENT, LLC



Principal Place of Business
 18300 SCENIC HIGHWAY 98
 POINT CLEAR PLACE, SUITE B
 POINT CLEAR, AL 36564 US

Mailing Address
 18300 SCENIC HIGHWAY 98
 POINT CLEAR PLACE, SUITE B
 POINT CLEAR, AL 36564 US

DO NOT WRITE IN THIS SPACE

ENTERED
 AUG 12 2005



08112005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 33-1059556	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SHELL, STEPHEN B
 226 PALAFOX PLACE
 NINTH FLOOR, SEVILLE TOWER
 PENSACOLA, FL 32501

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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 AUG 15

Signature, typed or printed name of registered agent and tele if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HEAD, SR., DAVID POINT CLEAR PLACE, SUITE B POINT CLEAR, AL 36564
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 08/23/05--01041--020 **50.00

STATE OF FLORIDA
 DIVISION OF CORPORATIONS
 AUG 15 AM 10:48

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: D. Hood Sr

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

Date _____ Daytime Phone # _____