## 2006 LIMITED LIABILITY COMPANY

## Feb 13, 2006 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # L03000006386 02-13-2006 90188 047 \*\*\*\*50.00 MEXICO BEACH DEVELOPMENTS, LLC Principal Place of Business Mailing Address 20007382 104 ROCK BRIDGE RD. 104 ROCK BRIDGE RD. DOTHAN, AL 36303 DOTHAN, AL 36303 2. Principal Place of Business 3. Mailing Address 490 110 Medical Drive PO Box Suite, Apt. #, etc. Suite, Apt. #, etc. 02032006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 03-0510402 Dotha. Dothan Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 36303 UCA 36302 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ANTE, MARK 6627 THOMAS DRIVE Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY, FL 32408 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. 1 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 Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGRM TITLE ☐ Delete TIT! F ☐ Change Addition PARSONS, DAVID W NAME NAME STREET ADDRESS 104 ROCK BRIDGE RD STREET ADDRESS DOTHAN, AL 36303 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME TREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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

Delete

☐ Change

☐ Addition

FILED