2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004
Secretary of State

DOCUMENT# L03000011410

Entity Name: GREAT NORTHWEST FLORIDA, L.L.C.

Current Principal Place of Business:

4 LAGUNA STREET, SUITE 201
FT. WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

4 LAGUNA STREET, SUITE 201
FT. WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 98-0396340 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLBERT, RICHARD M
125 WEST ROXANA STREET, SUITE 800
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: SCHWEIZER, TODD W
Address: 4 LAGUNA STREET #201
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: MGR ( ) Change (X) Addition
Name: ROCKMAN, KEITH
Address: 4 LAGUNA STREET #201
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: MGR ( ) Change (X) Addition
Name: SCHWEIZER, JEFFREY
Address: 4 LAGUNA STREET #201
City-St-Zip: FORT WALTON BEACH, FL 32548

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: W. TODD SCHWEIZER MGR 04/26/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date