2008 LIMITED LIABILITY COMPANY

DO NOT WRITE IN THIS SPACE

FILED Feb 28, 2008 08:00 AM Secretary of State

ANNUAL REPORT	
DOCUMENT # L03000015483	/\$

Principal Place of Business

1. Entity Name

Mailing Address

524 REGATTA BAY BOULEVARD DESTIN, FL 32541

PATTEN BEACH RENTALS, L.L.C.

524 REGATTA BAY BOULEVARD DESTIN, FL 32541



01062008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1077792	 	 Applied For Not Applicable
5. Certificate of Status Desired	\$5.0 Fee F	Additional uired

6. Name and Address of Current Registered Agent

	STEPHEN G TA BAY BLVD 'L 32541	DO NOT IN THIS				
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			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75						
9.	MANAGING MEMBERS/MANAGERS					
TITLE NAME	MGR PATTEN, STEPHEN G					
STREET ADDRESS	524 REGATTA BAY BLVD					
CITY-ST-ZIP	DESTIN, FL 32541					
TITLE	·	1 2 4 4 5 5 5 5 6 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6	00000843126			
NAME		1 3 3 3 3 3 3 5 5 5 5 5 5 1 5 1 5 1 5 1	1/08-80057-015-138.75			
STREET ADDRESS						
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·					
TITLE Name						
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CITY-ST-ZIP		DO NOT	AAKIIE			
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CITY-ST-ZIP			김희교에 시스템에 보고 그렇게			
TITLE						
NAME STREET ADDRESS						
CITY-SI-ZIP						

11. I hereby certify that the information supplied with this fiting 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 trusted employered to execute this report as required by Chapter 608, Florida Statutes.

MBER, OR AUTHORIZED REPRESENTATIVE