



# 2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

|  |  |                     |         |   |  |   |  |
|--|--|---------------------|---------|---|--|---|--|
| <b>DOCUMENT # L03000025288</b><br>1. Entity Name<br><b>QUAIL LAKE DEVELOPMENT, LLC</b>   |  |                     |         |    |  | FILED<br>SECRETARY OF STATE<br>DIVISION OF CORPORATIONS<br><br><b>06 MAY -1 AM 8:58</b> |  |
| Principal Place of Business<br><b>1016 AIRPORT RD<br/>UNIT #4<br/>DESTIN, FL 32541</b>   |  |                     |         | Mailing Address<br><b>1016 AIRPORT RD<br/>UNIT #4<br/>DESTIN, FL 32541</b>  |  |   |  |
| 2. Principal Place of Business   |  | 3. Mailing Address  |         |   |  |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc. |         |   |  |   |  |
| City & State   |  | City & State        |         |   |  |   |  |
| Zip  | Country  | Zip                 | Country |   |  |   |  |
| 4. FEI Number<br><b>51-0480239</b>   |  |                     |         | Applied For<br><input type="checkbox"/> Not Applicable  |  |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |                     |         | <b>\$5.00</b> Additional Fee Required   |  |   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>MONSEES, SHELLEY<br/>334 KELLY PLANTATION DR<br/>DESTIN, FL 32541</b>  |  |                     |         | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 the obligations of registered agent.  |  |                     |         |   |  |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |                     |         |   |  |   |  |
| <b>Amended AR is \$50.00</b>   |  |                     |         | <b>Make check payable to<br/>Florida Department of State</b>  |  |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |                     |         | 10. ADDITIONS/CHANGES   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGRM</b><br><b>THE R &amp; S HYATT FAMILY LIMITED PARTNERSHIP</b><br><b>4360 STONE BRIDGE ROAD</b><br><b>DESTIN, FL 32541</b> |                     |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>Man Robert Donovan Construction</b><br><b>1016 Airport Rd Unit #4</b><br><b>Destin, FL 32541</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |                     |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>600075294696</b><br><b>05/26/05--90575--001 **50.00</b> |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |                     |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>800075211748</b><br><b>04/25/06--90276--001 **50.00</b> |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |                     |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |                     |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>000075294640</b><br><b>05/26/06--01003--001 **50.00</b>            |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |                     |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |  |                     |         |   |  |   |  |
| <b>SIGNATURE: James D. Monson</b>  |  |                     |         | <b>5/2/06</b>   |  | <b>850-424-6182</b>   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |                     |         | Date  |  | Daytime Phone #   |  |