

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026496

FILED
Apr 10, 2007
Secretary of State

Entity Name: FUDPUCKER'S PROPERTIES OF SOUTH WALTON, LLC

Current Principal Place of Business:

20001-A EMERALD COAST PARKWAY
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

20001-A EMERALD COAST PARKWAY
DESTIN, FL 32541

New Mailing Address:

FEI Number: 55-0857888

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EDWARDS, TIMOTHY M
20001-A EMERALD COAST PARKWAY
DESTIN, FL 32541 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/MANAGERS:

Title: MGRM () Delete
Name: KROEGER, CHESTER G
Address: 606 LAGOON DR.
City-St-Zip: DESTIN, FL 32541 US

Title: MGR () Delete
Name: EDWARDS, TIMOTHY M
Address: 500 WALTON WAY
City-St-Zip: DESTIN, FL 32550 US

Title: MGR () Delete
Name: FREY, MICHAEL J
Address: 198 KEL-WIN CIR.
City-St-Zip: DESTIN, FL 32541 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KROEGER, CHESTER G
Address: 14596 HWY 20
City-St-Zip: CHOCTAW BEACH, FL 32439 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: TIMOTHY M EDWARDS

MGR

04/10/2007

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