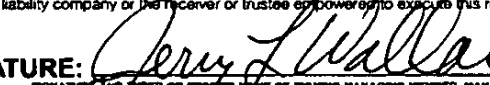


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

9/7/2006-90036-032-\$50.00-\$50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:34

DOCUMENT # L03000026697			
1. Entity Name PRESTIGE RESORT PROPERTIES, LLC			
Principal Place of Business 4458 OCEAN VIEW DRIVE DESTIN, FL 32541 US		Mailing Address 4458 OCEAN VIEW DRIVE DESTIN, FL 32541 US	
2. Principal Place of Business		3. Mailing Address P.O. Box 7039	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Destin, FL	
Zip	Country	Zip 32540	Country US
4. FEI Number 54-2123343		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ZETTERLUND, LAURA PA 151 REGIONS WAY SUITE 6A DESTIN, FL 32541		7. Name and Address of New Registered Agent Name Dowd, John R., Jr. Street Address (P.O. Box Number is Not Acceptable) 285 Highway 98 East Suite A City Destin FL Zip Code 32541	
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 		John R. Dowd, Jr. 9-20-06	
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WALLACE, JERRY 4300 LEGENDARY DR, STE 280 DESTIN, FL 32541 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JINKS, MARYLIN 14301-C PANAMA CITY BEACH PKWY PANAMA CITY BEACH, FL 32407 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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.			
SIGNATURE: 		7-20-06	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	
JERRY WALLACE			