


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # L03000034339</b><br>1. Entity Name<br><b>LAGNIAPPE DEVELOPMENT, LLC</b> |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br><b>151 REGIONS WAY<br/>SUITE 1-C<br/>DESTIN, FL 32541</b> | Mailing Address<br><b>151 REGIONS WAY<br/>SUITE 1-C<br/>DESTIN, FL 32541</b> |
|--|--|



01032006 No Chg-LLC

CR2E063 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0212583**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fees Required

6. Name and Address of Current Registered Agent

|   |
|---|
| <b>PERRY, AMY A ESQ<br/>4477 LEGENDARY DRIVE<br/>202<br/>DESTIN, FL 32541</b> |
|---|

**DO NOT WRITE  
IN THIS SPACE**

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 reappointing)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>HEWITT, MICHAEL B<br/>151 REGIONS WAY, STE 1-C<br/>DESTIN, FL 32541</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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05/12/06-80014-004 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*Michael Hewitt*  
**Michael Hewitt**

**4-24-06**

**850-6993**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #