


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90257 013 \*\*\*\*50.00

<b>DOCUMENT # L03000050891</b>			
<b>1. Entity Name</b> LAKETOWN WHARF, LLC			
<b>Principal Place of Business</b> 4300 LEGENDARY DRIVE SUITE 280 DESTIN, FL 32541		<b>Mailing Address</b> 4300 LEGENDARY DRIVE SUITE 280 DESTIN, FL 32541	
<b>2. Principal Place of Business</b> 151 Regions Way Suite, Apt. #, etc. Suite 6A City & State Destin, Florida Zip 32541		<b>3. Mailing Address</b> 151 Regions Way Suite, Apt. #, etc. Suite 6A City & State Destin, Florida Zip 32541	
Country USA		Country USA	
<b>4. FEI Number</b> 20-0632052		02282006 Chg-LLC CR2E083 (11/05) 30-0339573 See attached	
<b>5. Certificate of Status Desired</b>		<input type="checkbox"/> \$5.00 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b> WALLACE, JERRY L 4300 LEGENDARY DRIVE SUITE 280 DESTIN, FL 32541		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 151 Regions Way, Suite 6A. City Destin FL Zip Code 32541	
<b>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.</b> SIGNATURE <u>Jerry L Wallace</u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAKETOWN HOLDINGS, LLC 4300 LEGENDARY DRIVE DESTIN, FL 32541	TITLE NAME STREET ADDRESS CITY-ST-ZIP	151 Regions Way, Suite 6A Destin, Florida 32541
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
<b>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>			
<b>SIGNATURE:</b> <u>Jerry L Wallace</u>		Date <u>3-6-06</u> Daytime Phone # _____	

ATTACHMENT  
20019386



**CARR, RIGGS & INGRAM, LLC**

4460 Legendary Drive  
Suite 100  
Destin, FL 32541

P | 850 837 3141

F | 850 654 4619  
www.cricpa.com

March 14, 2006

Division of Corporations  
P. O. Box 6478  
Tallahassee, Florida 32314

RE: Laketown Wharf, LLC  
Document # L03000050891  
EIN Number Correction

Dear Sir/Madam:

In preparing the 2006 Limited Liability Company Annual Report for Laketown Wharf, LLC, it was discovered that the EIN# listed with the Division of Corporations is not correct.

We have enclosed a copy of the Internal Revenue Service Form SS-4 showing the correct EIN# of 30-0339573.

We respectfully request that your records be changed to reflect the correct EIN#.

Please contact our office if you have any questions.

Sincerely,

*Carr, Riggs & Ingram, LLC*

Carr, Riggs & Ingram, LLC

Caa

Enclosures

American Institute of  
Certified Public Accountants

Alabama Society of  
Certified Public Accountants

Florida Institute of  
Certified Public Accountants

Mississippi Society of  
Certified Public Accountants

AICPA Alliance for CPA Firms

Center for Public  
Company Audit Firms

ATTACHMENT 20019388  
#103000050891Form **SS-4**

(Rev. February 2006)

Department of the Treasury  
Internal Revenue Service**Application for Employer Identification Number**(For use by employers, corporations, partnerships, trusts, estates, churches,  
government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line.

▶ Keep a copy for your records.

OMB No. 1545-0003

EIN

30-0339573

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested <b>LAKETOWN WHARF, LLC</b>		
	2 Trade name of business (if different from name on line 1)		3 Executor, administrator, trustee, "care of" name <b>JERRY L. WALLACE</b>
	4a Mailing address (room, apt., suite no. and street, or P.O. box) <b>151 REGIONS WAY, SUITE 6A</b>		5a Street address (if different) (Do not enter a P.O. box.) <b>151 REGIONS WAY, SUITE 6A</b>
	4b City, state, and ZIP code <b>DESTIN, FLORIDA 32541</b>		5b City, state, and ZIP code <b>DESTIN, FLORIDA 32541</b>
	6 County and state where principal business is located <b>OKALOOSA FLORIDA</b>		
	7a Name of principal officer, general partner, grantor, owner, or trustor <b>JERRY L. WALLACE</b>		7b SSN, ITIN, or EIN <b>421-50-4259</b>
8a Type of entity (check only one box)			
<input type="checkbox"/> Sole proprietor (SSN) _____			
<input checked="" type="checkbox"/> Partnership			
<input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____			
<input type="checkbox"/> Personal service corporation			
<input type="checkbox"/> Church or church-controlled organization			
<input type="checkbox"/> Other nonprofit organization (specify) ▶ _____			
<input type="checkbox"/> Other (specify) ▶ _____			
<input type="checkbox"/> Estate (SSN of decedent) _____			
<input type="checkbox"/> Plan administrator (SSN) _____			
<input type="checkbox"/> Trust (SSN of grantor) _____			
<input type="checkbox"/> National Guard <input type="checkbox"/> State/local government			
<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military			
<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises			
Group Exemption Number (GEN) ▶ _____			
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State	Foreign country
9 Reason for applying (check only one box)			
<input checked="" type="checkbox"/> Started new business (specify type) ▶ <b>REAL ESTATE DEVELOPMENT</b>			
<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____			
<input type="checkbox"/> Changed type of organization (specify new type) ▶ _____			
<input type="checkbox"/> Purchased going business			
<input type="checkbox"/> Created a trust (specify type) ▶ _____			
<input type="checkbox"/> Created a pension plan (specify type) ▶ _____			
10 Date business started or acquired (month, day, year). See instructions. <b>DECEMBER 8, 2003</b>		11 Closing month of accounting year <b>DECEMBER 31</b>	
12 First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) . . . . . ▶ <b>NONE</b>			
13 Highest number of employees expected in the next 12 months (enter -0- if none). Do you expect to have \$1,000 or less in employment tax liability for the calendar year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. (If you expect to pay \$4,000 or less in wages, you can mark yes.)		Agricultural	Household
		0	0
14 Check one box that best describes the principal activity of your business.		Other	
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing		<input type="checkbox"/> Wholesale-agent/broker	
<input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance		<input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail	
<input type="checkbox"/> Other (specify) _____			
15 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. <b>HIGH RISE CONDOMINIUM CONSTRUCTION</b>			
16a Has the applicant ever applied for an employer identification number for this or any other business? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.			
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ _____ Trade name ▶ _____			
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) _____ City and state where filed _____ Previous EIN _____			
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.		
	Designee's name <b>BRUCE A. NUNALLY</b>		Designee's telephone number (include area code) <b>850-837-3141</b>
	Address and ZIP code <b>4460 LEGENDARY DRIVE, SUITE 100 DESTIN, FLORIDA 32541</b>		Designee's fax number (include area code) <b>850-654-4619</b>
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			Applicant's telephone number (include area code) <b>850-837-0422</b>
Name and title (type or print clearly) ▶ <b>JERRY L. WALLACE, MGRM</b>			Applicant's fax number (include area code) <b>850-837-7981</b>
Signature ▶ <i>Jerry L. Wallace</i> Date ▶ _____			