

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 11, 2005 08:00 AM
Secretary of State**

DOCUMENT # L03000051388

1. Entity Name
**PERDIDO DEVELOPMENT OF ESCAMBIA COUNTY,
L.L.C.**



Principal Place of Business
**208 HOOD AVENUE
FORT WALTON BEACH, FL 32548**

Mailing Address
**208 HOOD AVENUE
FORT WALTON BEACH, FL 32548**



02032005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 20-0442635 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**DEAL, VIC
208 HOOD AVENUE
FORT WALTON BEACH, FL 32548**

**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 reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR DEAL, VIC 208 HOOD AVENUE FORT WALTON BEACH, FL 32548 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MEM DEAL, AARON WAYNE 208 HOOD AVENUE FORT WALTON BEACH, FL 32548 |
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02/11/05-80052-006 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2-8-2005 **850-581-5271**
Date Daytime Phone #