## 2006 LIMITED LIABILITY COMPANY

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAM

## Apr 17, 2006 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L04000000837** 04-17-2006 90037 028 \*\*\*\*50.00 1. Entity Name APPALACHIAN LAND & LEASING COMPANY, LLC Principal Place of Business Mailing Address 20030634 4476 LEGENDARY DRIVE 4476 LEGENDARY DRIVE DESTIN, FL 32541 DESTIN, FL 32541 3. Mailing Address 1400 30th 2. Principal Place of Business Street 1400 SuiteB 04102006 CR2E083 (11/05) Chg-LLC 4. FEI Number Applied For 20-0620424 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JOHNSON, THERESA Street Address (P.O. Box Number is Not Acceptable) 4476 LEGENDARY DRAIVE DESTIN, FL 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. OHNSON SIGNATURE (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. Change Addition MGRM ☐ Delete TITLE TITLE 1400 30th Street 2nd Floor Ste B JOHNSON, THERESA NAME NAME 4476 LEGENDARY DRIVE STREET ADDRESS STREET ADDRESS Niceville, FL 32578 City-ST-7IP DESTIN, FL 32541 CITY-ST-ZIP Change Addition TITLE MGR ☐ Delete TITLE 1400 30th Street 2nd Floor JOHNSON, MARTY NAME Ste B NAME STREET ADDRESS STREET ADDRESS 4476 LEGENDARY DRIVE Niceville FL 32578 CITY-ST-ZIP DESTIN, FL 32541 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE MANE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CSTY-ST-7IP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

SIGNING MANAGING MEMBE

FILED

Davtime Phone #