

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000017887

FILED
Jan 17, 2006
Secretary of State

Entity Name: ST. GEORGE ISLAND DEVELOPMENT CO., LLC

Current Principal Place of Business:

1928 NAUTILUS RD.
ST. GEORGE ISLAND, FL 32328 US

New Principal Place of Business:

Current Mailing Address:

1928 NAUTILUS RD.
ST. GEORGE ISLAND, FL 32328 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WHITE, FREDERICK S
1928 NAUTILUS RD
ST GEORGE ISLAND, FL 32328 US

Name and Address of New Registered Agent:

WHITE, FREDERICK S JR
1928 NAUTILUS RD
ST GEORGE ISLAND, FL 32328 US

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.

SIGNATURE: FREDERICK S WHITE JR

01/17/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: AANN, ELLIOTT W
Address: 235 W GULF BEACH DRIVE
City-St-Zip: ST GEORGE ISLAND, FL 32328

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FANN, ELLIOTT W
Address: 235 W GULF BEACH DRIVE
City-St-Zip: ST GEORGE ISLAND, FL 32328

Title: MGR () Change (X) Addition
Name: WHITE, FREDERICK S JR
Address: 1928 NAUTILUS RD
City-St-Zip: ST GEORGE ISLAND, FL 32328

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FREDERICK S WHITE JR

MGR

01/17/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date