03-25-2005 90138 001 ***100.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

30002501

01052005 Chg-LLC CR2E083 (10/03)

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000028131

1. Entity Name
ANOTHEN, LLC

Principal Place of Business	Mailing Address
215 GRAND BLVD. SUITE 101 DESTIN, FL 32550	215 GRAND BLVD. SUITE 101 DESTIN, FL 32550

2. Principal Place of Business		3. Mailing Address	
218 Business Centre Drive		218 Business Centre Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Destin, FL		City & State: Destin, FL	
Zip: 32550	Country	Zip: 32550	Country

4. FEI Number: 20-1170875 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BURKE, TODD ESQ.
215 GRAND BLVD. SUITE 101
DESTIN, FL 32550

7. Name and Address of New Registered Agent

Name: Burke, M. Todd Esq.
Street Address (P.O. Box Number is Not Acceptable): Burke, Blue, Hutchison & Walters, P. A.
215 Grand Blvd., Suite 101
City: Destin FL Zip Code: 32550

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] 01/06/05
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: MGR Member NAME: Romair Development, LLC STREET ADDRESS: 218 Business Centre Drive CITY-ST-ZIP: Destin, FL 32550	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: MGR Member NAME: FaKouri Construction of Florida, L.L.C. STREET ADDRESS: P. O. Box 14151 CITY-ST-ZIP: Baton Rouge, LA 70898	☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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.

ROMAIR DEVELOPMENT, LLC Member

SIGNATURE: [signature] Member 1/12/05 850-269-3399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #