2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 28, 2006 8:00 am Secretary of State DOCUMENT # L04000029026 SHOPPES AT EDGEWATER, L.L.C. 04-28-2006 90014 012 ****50.00 Mailing Address Principal Place of Business 11212 FRONT BEACH RD 11212 FRONT BEACH RD PANAMA CITY BEACH, FL 32407 PANAMA CITY BEACH, FL 32407 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 63-0893111 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WALTERS, ELIZABETH J Street Address (P.O. Box Number is Not Acceptable) 221 MCKENZIE AVE PANAMA CITY, FL:32401 Zip Code 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 shot title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE **MGRM** ☐ Delete TITLE ☐ Change Addition NAME BURNHAM, WESLEY L JR NAME STREET ADDRESS 11212 FRONT BEACH RD STREET ADDRESS PANAMA CITY BEACH, FL 32407 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE ☐ Change 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 recur this report as required by Chapter 608, Florida Statutes.

MESLEY L. BULNHAM SL. 4-24-06 (205) 879-7720

MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayline Phone #

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