


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 13, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000030697</b> 1. Entity Name <b>EXQUISITE MANAGEMENT CO LLC</b>	
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Principal Place of Business <b>4507 FURLING LANE 108 DESTIN, FL 32541 US</b>	Mailing Address <b>605 N CO HWY 393 UNIT 9E SANTA ROSA BEACH, FL 32459 US</b>
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01292008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-1014179</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>BECKER, LARRY P JR. 4507 FURLING LANE 108 DESTIN, FL 32541</b>
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**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

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BECKER, LARRY P JR 4507 FURLING LANE, SUITE 108 DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BECKER, LARRY P SR 529 OLD HICKORY BLVD JACKSON, TN 38305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BECKER, LOREE A 4507 FURLING LANE, SUITE 108 DESTIN, FL 32541
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02/21/08-80018-005 138.75

**DO NOT WRITE  
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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.

**SIGNATURE:** Queen M. Bulane / Controller 2/1/08 850-267-2160  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #