

**2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Sep 25, 2006  
Secretary of State**

DOCUMENT# L04000030811

**Entity Name:** THE FOREST ON ORIOLE BEACH ROAD, LLC

**Current Principal Place of Business:**

3838 NORTH PALAFOX STREET  
PENSACOLA, FL 32505

**New Principal Place of Business:**

**Current Mailing Address:**

3838 NORTH PALAFOX STREET  
PENSACOLA, FL 32505

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

CAMPBELL, JAMES S  
501 COMMENDENCIA STREET  
PENSACOLA, FL 32502 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: THE FOREST ON ORIOLE, BEACH ROAD, L L C  
Address: 3838 NORTH PALAFOX STREET  
City-St-Zip: PENSACOLA, FL 32505

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MOWE, CLIFFORD B MGR  
Address: 3838 NORTH PALAFOX STREET  
City-St-Zip: PENSACOLA, FL 32505

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: CLIFFORD B MOWE

MGR

09/25/2006

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