2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000032766

1. Entity Name
TRI-CORD TOPS'L HOLDINGS, LLC

Principal Place of Business	Mailing Address
4399 COMMONS DRIVE EAST SUITE 300 DESTIN, FL 32541	4399 COMMONS DRIVE EAST SUITE 300 DESTIN, FL 32541

DO NOT WRITE IN THIS SPACE

02062006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1061305
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RUNNELS, DAVAGE J III
4399 COMMONS DRIVE EAST
SUITE 300
DESTIN, FL 32541

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

U00000445437
03/07/06-80045-018 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	RUNNELS, DAVAGE J JR
STREET ADDRESS	4393 COMMONS DRIVE EAST
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	MGR
NAME	RUNNELS, BONNIE L
STREET ADDRESS	4393 COMMONS DRIVE EAST
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	MGR
NAME	RUNNELS, DAVAGE J III
STREET ADDRESS	4399 COMMONS DRIVE EAST SUITE 300
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	MGR
NAME	RUNNELS, DARIEN L
STREET ADDRESS	4399 COMMONS DRIVE EAST SUITE 300
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	MGR
NAME	RUNNELS, MICHAEL S
STREET ADDRESS	4399 COMMONS DRIVE EAST SUITE 100
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	MGR
NAME	THOMAS, SHANNON
STREET ADDRESS	4399 COMMONS DRIVE EAST SUITE 300
CITY-ST-ZIP	DESTIN, FL 32541

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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: _____ 2-21-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #