

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 21, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L04000032766</b>					
<b>1. Entity Name</b> TRI-CORD TOPS'L HOLDINGS, LLC					
<b>Principal Place of Business</b> 4399 COMMONS DRIVE EAST SUITE 200 C DESTIN, FL 32541			<b>Mailing Address</b> 4399 COMMONS DRIVE EAST SUITE 200 C DESTIN, FL 32541		
<b>2. Principal Place of Business - No P.O. Box #</b> Suite, Apt. #, etc.			<b>3. Mailing Address</b> Suite, Apt. #, etc.		
<b>City &amp; State</b>			<b>City &amp; State</b>		
<b>Zip</b>		<b>Country</b>		<b>Zip</b>	
<b>Country</b>		<b>Country</b>		<b>4. FEI Number</b> 20-1061305	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> RUNNELS, DAVAGE J III 4399 COMMONS DRIVE EAST SUITE 300 DESTIN, FL 32541				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reconstituting) _____ <b>DATE</b> _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>				<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
<b>TITLE</b> MGR <b>NAME</b> RUNNELS, DAVAGE J JR <b>STREET ADDRESS</b> 4393 COMMONS DRIVE EAST SUITE 200C <b>CITY-ST-ZIP</b> DESTIN, FL 32541	<input type="checkbox"/> Delete				
<b>TITLE</b> MGR <b>NAME</b> RUNNELS, BONNIE L <b>STREET ADDRESS</b> 4393 COMMONS DRIVE EAST SUITE 200C <b>CITY-ST-ZIP</b> DESTIN, FL 32541	<input type="checkbox"/> Delete				
<b>TITLE</b> MGR <b>NAME</b> RUNNELS, DAVAGE J III <b>STREET ADDRESS</b> 4399 COMMONS DRIVE EAST SUITE 300 <b>CITY-ST-ZIP</b> DESTIN, FL 32541	<input type="checkbox"/> Delete				
<b>TITLE</b> MGR <b>NAME</b> RUNNELS, DARIEN L <b>STREET ADDRESS</b> 4399 COMMONS DRIVE EAST SUITE 300 <b>CITY-ST-ZIP</b> DESTIN, FL 32541	<input type="checkbox"/> Delete				
<b>TITLE</b> MGR <b>NAME</b> RUNNELS, MICHAEL S <b>STREET ADDRESS</b> 4399 COMMONS DRIVE EAST SUITE 100 <b>CITY-ST-ZIP</b> DESTIN, FL 32541	<input type="checkbox"/> Delete				
<b>TITLE</b> MGR <b>NAME</b> THOMAS, SHANNON <b>STREET ADDRESS</b> 4399 COMMONS DRIVE EAST SUITE 200C <b>CITY-ST-ZIP</b> DESTIN, FL 32541	<input type="checkbox"/> Delete				
<b>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.</b>				000000266033 04/08/08-80015-013 138.75	
<b>SIGNATURE:</b> _____				3/13/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	