


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 19, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000036538 1. Entity Name LDC OF NORTHWEST FLORIDA, LLC	
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Principal Place of Business 366 FORT PICKENS ROAD PENSACOLA BEACH, FL 32561	Mailing Address P.O. BOX 12204 PENSACOLA, FL 32591
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DO NOT WRITE IN THIS SPACE



06132006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1122620	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HOMYAK, JAMES D 366 FORT PICKENS ROAD PENSACOLA BEACH, FL 32561
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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

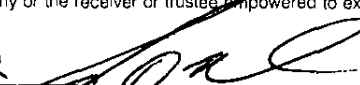
**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LDC OF NORTHWEST FLORIDA, INC. 366 FORT PICKENS ROAD PENSACOLA BEACH, FL 32561
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06/19/06-80007-008 50.00

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date 6-13-06 Daytime Phone # _____