### 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT # L04000036694

1. Entity Name

30A DEVELOPMENT OF NW FLORIDA, LLC



FILED Apr 16, 2007 08:00 AM Secretary of State

Principal Place of Business

4300 LEGENDARY DRIVE

SUITE 204

DESTIN, FL 32541

Mailing Address

4300 LEGENDARY DRIVE

SUITE 204

DESTIN, FL 32541



DO NO	TC	WRIT	E IN	THIS	SPAC	ÌΕ
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01262007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3755013

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

OLSON, RICHARD 4300 LEGENDARY DRIVE SUITE 204 DESTIN, FL 32541

## 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 Statement	ate of Florida. I am familiar with, and accept
the obligations of registered agent.	

SIGNATURE.

CITY-ST-ZIE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE

Signature, typed or printed name of registered agent and title if approable

(NOTE: Registered Agent signature required when reinstating)

DATE

#### Filing Fee is \$50.00 Due by May 1, 2007

U00000708763 04/24/07-80130-001

1 50.00

9. MANAGING MEMBERS/MANAGERS MGRM TITLE OLSON & ASSOCIATES OF NW FLORIDA, INC NAME STREET ADDRESS 4300 LEGENDARY DRIVE STE 204 CITY-ST-ZIP DESTIN, FL 32541 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

# DO NOT WRITE IN THIS SPACE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 path; 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:

IGNATURE AND TUPED CALDWRITTEN NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4607

8504050-2052

Daytime Phone #