

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000039170

**FILED**  
**Mar 06, 2006**  
**Secretary of State**

**Entity Name:** DUGGAN POND DEVELOPMENT GROUP, LLC

**Current Principal Place of Business:**

4507 FURLING LANE, SUITE 108  
DESTIN, FL 32541

**New Principal Place of Business:**

4399 COMMONS DRIVE  
200  
DESTIN, FL 32541

**Current Mailing Address:**

4507 FURLING LANE, SUITE 108  
DESTIN, FL 32541

**New Mailing Address:**

4399 COMMONS DRIVE  
200  
DESTIN, FL 32541

**FEI Number:** 20-2703541      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

CLARK, TIMOTHY M  
4507 FURLING LANE, SUITE 108  
DESTIN, FL 32541 US

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

CLARK, TIMOTHY M  
4399 COMMONS DRIVE  
200  
DESTIN, FL 32541 US

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: TIMOTHY M. CLARK

03/06/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: CLARK, TIMOTHY M  
Address: 4399 COMMONS DRIVE SUITE 200  
City-St-Zip: DESTIN, FL 32541

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: TIMOTHY M. CLARK

MGRM

03/06/2006

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