

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000040043

FILED
Apr 29, 2005
Secretary of State

Entity Name: EXQUISITE PROPERTIES OF FLORIDA LLC

Current Principal Place of Business:

56 SPIRES LANE
SUITE 12-A
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

4507 FURLING LANE
SUITE 108
DESTIN, FL 32541

New Mailing Address:

FEI Number: 20-1169133 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKER, LARRY P JR
4507 FURLING LANE
SUITE 108
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BECKER, LARRY P JR
Address: 4507 FURLING LANE SUITE 108
City-St-Zip: DESTIN, FL 32541

Title: MGR () Delete
Name: BECKER, LARRY P SR
Address: 4507 FURLING LANE SUITE 108
City-St-Zip: DESTIN, FL 32541

Title: MGR () Delete
Name: MCCORMICK DEVELOPMEN, T INC
Address: 56 SPIRES LANE SUITE 12
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LARRY P. BECKER, JR. MGRM 04/29/2005

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