

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000044413

FILED
Apr 28, 2006
Secretary of State

Entity Name: WALTON COUNTY INVESTMENTS, LLC

Current Principal Place of Business:

34990 EMERALD COAST PARKWAY, STE. 301
DESTIN, FL 32541

New Principal Place of Business:

181 PINE STREET
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

34990 EMERALD COAST PARKWAY, STE. 301
DESTIN, FL 32541

New Mailing Address:

181 PINE STREET
SANTA ROSA BEACH, FL 32459

FEI Number: 20-1255224

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COVELL, SCOTT M
34990 EMERALD COAST PARKWAY, STE. 301
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

COVELL, SCOTT M
181 PINE STREET
SANTA ROSA BEACH, FL 32459 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:

04/28/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COVELL, SCOTT M
Address: 34990 EMERALD COAST PARKWAY, SUITE 301
City-St-Zip: DESTIN, FL 32541

Title: MGRM () Delete
Name: WILLIAMS, KIRBY H
Address: 34990 EMERALD COAST PARKWAY, SUITE 301
City-St-Zip: DESTIN, FL 32541

Title: MGRM () Delete
Name: COVELL, WILLIAM R
Address: 2409 GEORGETOWN DRIVE
City-St-Zip: BARTLESVILLE, OK 74006

Title: MGRM () Delete
Name: SILVA, JEAN C
Address: 107 BUNKERS COVE ROAD
City-St-Zip: PANAMA CITY, FL 32401

Title: MGRM () Delete
Name: COVELL, JAMES P
Address: 709 CHESAPEAKE DRIVE
City-St-Zip: GULF BREEZE, FL 32561

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COVELL, SCOTT M
Address: 181 PINE STREET
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGRM (X) Change () Addition
Name: WILLIAMS, KIRBY H
Address: 394 DRIFTWOOD POINT ROAD
City-St-Zip: SANTA ROSA BEACH, FL 32459

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 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: SCOTT M. COVELL

MGRM

04/28/2006

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