

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000045191

FILED
May 01, 2006
Secretary of State

Entity Name: TWO PALMS & A NUT, L.L.C.

Current Principal Place of Business:

6638 W HAY 98
PORT SAINT JOE, FL 32456 US

New Principal Place of Business:

6638 W HWY 98
ST JOE BEACH, FL 32456 US

Current Mailing Address:

13161 W HWY 98
INLET BEACH, FL 32413

New Mailing Address:

6638 W. HWY 98
ST JOE BEACH, FL 32456

FEI Number: 20-1282605 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:

BATTEN, CORALEE
6638 W HWY 98
PORT SAINT JOE, FL 32456 US

Name and Address of New Registered Agent:

BATTEN, CORALEE
6638 W HWY 98
ST JOE BEACH, FL 32456 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:

05/01/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BATTEN, CORALEE R
Address: 205 TAYLOR ST
City-St-Zip: ENTERPRISE, AL 36330

Title: MGRM () Delete
Name: FLORY, JOELLEN
Address: 128 MONTROSE CT #134
City-St-Zip: DOTHAN, AL 36305

ADDITIONS/CHANGES:

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: CORALEE BATTEN

MM

05/01/2006

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