
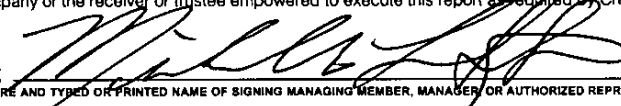


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90025 050 \*\*\*\*50.00

<b>DOCUMENT # L04000045664</b> 1. Entity Name <b>REGAL PROPERTIES OF NW FLORIDA, LLC</b>					
Principal Place of Business <b>32 E. HIGHWAY 30A</b> <b>200</b> <b>SANTA ROSA BEACH, FL 32459</b>			Mailing Address <b>32 E. HIGHWAY 30A</b> <b>200</b> <b>SANTA ROSA BEACH, FL 32459</b>		
2. Principal Place of Business <b>1394 Co. Hwy. 2835 #11</b> Suite, Apt. #, etc. <b>#11</b>		3. Mailing Address <b>1394 Co. Hwy 2835</b> Suite, Apt. #, etc. <b>#11</b>			
City & State <b>Santa Rosa Bch., FL</b> Zip <b>32459</b>		City & State <b>Santa Rosa Bch., FL</b> Zip <b>32459</b>		4. FEI Number <b>20-1266471</b>	
Country <b>U.S.A</b>		Country <b>U.S.A</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BRAD CONGLETON CPA, INC.</b> <b>50 UPTOWN GRAYTON CIRCLE</b> <b>15</b> <b>SANTA ROSA BEACH, FL 32459</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEXTON, MICHELLE 32 E. HIGHWAY 30A SUITE 200 SANTA ROSA BEACH, FL 32459	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Michelle Sexton 1394 Co. Hwy. 2835 #11 Santa Rosa Beach, FL 32459	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GIVANS, CERI 32 E. HIGHWAY 30A SUITE 200 SANTA ROSA BEACH, FL 32459	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Ceri Givans 1394 Co. Hwy. 2835 #11 Santa Rosa Beach, FL 32459	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:  <b>4/25/06 (850) 231-9556</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE</small>					

20037051



04252006 Chg-LLC CR2E083 (11/05)