

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000045892

FILED  
Jul 07, 2006  
Secretary of State

Entity Name: PROVISION ARIEL DUNES INVESTMENT, LLC

**Current Principal Place of Business:**

4728 AMHURST CIRCLE  
DESTIN, FL 32541

**New Principal Place of Business:**

**Current Mailing Address:**

4728 AMHURST CIRCLE  
DESTIN, FL 32541

**New Mailing Address:**

FEI Number: 20-1258089      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

A1A REGISTERED AGENT INC  
92 SADBERRY RD  
QUINCY, FL 32351      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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WHITE, JUSTY  
Address: 4728 AMHURST CIRCLE  
City-St-Zip: DESTIN, FL 32541

Title: MGRM ( ) Delete  
Name: POIRIER, MARK  
Address: 608 MACARTHUR BLVD  
City-St-Zip: HARVEY, LA 70058

Title: MGRM ( ) Delete  
Name: POIRIER, SHERRY  
Address: 608 MACARTHUR BLVD  
City-St-Zip: HARVEY, LA 70058

Title: MGRM ( ) Delete  
Name: WHITE, JULIE  
Address: 4728 AMHURST CIRCLE  
City-St-Zip: DESTIN, FL 32541

Title: MGRM ( ) Delete  
Name: POIRIER, MATTHEW  
Address: 1838 N. HIDALGO LANE  
City-St-Zip: THIBODEAUX, LA 70301

Title: MGRM ( ) Delete  
Name: BENOIT, BRYAN  
Address: 106 JAY STREET  
City-St-Zip: BELLE CHASE, LA 70037

**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:

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: JUSTY M. WHITE

MGRM

07/07/2006

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