

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000049231

FILED
Feb 02, 2006
Secretary of State

Entity Name: SHALLOW POCKETS, L.L.C.

Current Principal Place of Business:

4399 OLD BAYOU TRAIL
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

4399 OLD BAYOU TRAIL
DESTIN, FL 32541

New Mailing Address:

FEI Number: 20-1326000

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HELMICH, KEVIN M ESQ.
4481 LEGENDARY DRIVE
SUITE 200
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

HELMICH, KEVIN M ESQUIRE
4481 LEGENDARY DRIVE
SUITE 200
DESTIN, FL 32541 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: KEVIN M. HELMICH

02/02/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CARY, CHARLES D
Address: 484 BAYSHORE DRIVE
City-St-Zip: DESTIN, FL 32550

Title: MGR () Delete
Name: COHEN, CLIFF A
Address: 4399 OLD BAYOU TRAIL
City-St-Zip: DESTIN, FL 32541

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGR () Change (X) Addition
Name: SMITH, BRADLEY S
Address: 4502 BELLBUOY LANDING
City-St-Zip: DESTIN, FL 32541

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: CLIFF A. COHEN

MGR

02/02/2006

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