

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000052894

FILED
Apr 10, 2008
Secretary of State

Entity Name: CHOCTAWHATCHEE-WALTON, L.L.C.

Current Principal Place of Business:

694 BALDWIN AVENUE, SUITE 1
DEFUNIAK SPRINGS, FL 32435

New Principal Place of Business:

694 BALDWIN AVENUE
SUITE 1
DEFUNIAK SPRINGS, FL 32435

Current Mailing Address:

694 BALDWIN AVENUE, SUITE 1
DEFUNIAK SPRINGS, FL 32435

New Mailing Address:

694 BALDWIN AVENUE
SUITE 1
DEFUNIAK SPRINGS, FL 32435

FEI Number: 56-2471106

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, MARK D
694 BALDWIN AVENUE, SUITE 1
DEFUNIAK SPRINGS, FL 32435 US

Name and Address of New Registered Agent:

DAVIS, MARK D
694 BALDWIN AVENUE
SUITE 1
DEFUNIAK SPRINGS, FL 32435 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:

04/10/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ANDERS, JAMES F II
Address: 10 COVE CREEK LANE
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: MGRM () Delete
Name: HILDRETH, EMMETT F JR.
Address: P.O. BOX 1673
City-St-Zip: SANTA ROSA BEACH, FL 32459

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 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: EMMETT F. HILDRETH, JR

MGRM

04/10/2008

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