

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000063582

FILED
Apr 26, 2006
Secretary of State

Entity Name: MASSALINA COMMONS DEVELOPMENT COMPANY, LLC

Current Principal Place of Business:

135 HARRISON AVENUE
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 638
PANAMA CITY, FL 32402

New Mailing Address:

FEI Number: 20-1450097

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, CECELIA
135 HARRISON AVENUE
PANAMA CITY, FL 32401 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 WATER CREEK IN, VESTMENT COMP.
Address: 102 PEBBLESTUMP POINT
City-St-Zip: PEACHTREE CITY, GA 30269

Title: MGRM () Delete
Name: COWAN HOLDING COMPAN, Y, LLC
Address: P.O. BOX 638
City-St-Zip: PANAMA CITY, FL 32402

Title: MGRM () Delete
Name: PCB FOUR, LLC,
Address: 1170 PEACHTREE STREET NORTHEAST SUITE 2350
City-St-Zip: ATLANTA, GA 30309

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:

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: JOEL COWAN

MGR

04/26/2006

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