2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Secretary of State DOCUMENT # L04000066838 02-23-2005 90158 043 ****50.00 1. Entity Name WALTON SOUND DEVELOPERS, LLC Mailing Address Principal Place of Business 30001650 7 TOWN CENTER LOOP C-14 SANTA ROSA BEACH FL 32459 7 TOWN CENTER LOOP C-14 SANTA ROSA BEACH FL 32459 2. Principal Place of Business 3. Mailing Address Sulte, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) 4. EEI Number Applied For City & State City & State 20-16030 Not Applicable Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HALL, STEVEN K Street Address (P.O. Box Number is Not Acceptable) 4399 COMMONS DRIVE SUITE 300 **DESTIN FL 32541** CIN Zin Code 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 lamifiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$50.00 (\$ Make Check Payable to Florida Department of State ∵≑∜ Due By May 1 , 2005 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10 LULTE MGRM nn c ☐ Change ☐ Addition Deleta BRS JOINT VENTURE NAME NAME 7 TOWN CENTER LOOP C-14 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SANTA ROSA BEACH FL 32459 ☐ Change Addition MGR Deleta TITLE TROPICAL SQUARE DEVELOPMENTS, LLC RALIF NAME STREET ADDRESS P.O. BOX 1741 STREET ADDRESS C1Y-S1-7P CITY-ST-ZIP SANTA ROSA BEACH FL 32459 Delete ☐ Change ■ Addition THTLE TITLE STREET ADDRESS STREET ADDRESS CITY-SI-ZAP CITY-ST-78 TITLE TITLE ☐ Change ☐ Addition ☐ Oelate NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZP Change Addition TITLE ☐ Delate TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Deleta ☐ Change ☐ Addition MAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 onth; 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.

FILED

Mar 15, 2005 8:00 am

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