
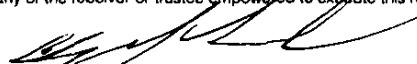


**FILED**  
**Jul 28, 2006 8:00 am**  
**Secretary of State**


05-09-2006 90011 040 \*\*\*\*50.00

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L04000073750</b>			
1. Entity Name <b>BACKWATER "LLC"</b>			
Principal Place of Business <b>HC 3 BOX 98710 MEXICO BEACH, FL 32456</b>		Mailing Address <b>HC 3 BOX 98710 MEXICO BEACH, FL 32456</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>APPLIED FOR</b>		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>EUBANKS, CLAY T HC 3 BOX 98710 MEXICO BEACH, FL 32456</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip 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 familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM EUBANKS, CLAY T HC 3 BOX 98710 MEXICO BEACH, FL 32456</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 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.			
<b>SIGNATURE:</b> 		<b>7-20-06</b> (850) 648-1010	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## ATTACHMENT

<b>DOCUMENT # L04000073750</b> 1. Entity Name <b>BACKWATER "LLC"</b>					
Principal Place of Business <b>HC 3 BOX 98710 MEXICO BEACH, FL 32456</b>			Mailing Address <b>HC 3 BOX 98710 MEXICO BEACH, FL 32456</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01202006 Chg-LLC CR2E083 (11/05)	
4. FEI Number <b>APPLIED FOR</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>EUBANKS, CLAY T HC 3 BOX 98710 MEXICO BEACH, FL 32456</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip 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 familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EUBANKS, CLAY T HC 3 BOX 98710 MEXICO BEACH, FL 32456		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><b>CLAYTON T. EUBANKS</b>            LIC. E152-118-75-407-0            PH. 850-647-3663 WK. 850-648-1010            HC 3, BOX 98710            MEXICO BEACH, FL 32456</p> </div> <div style="width: 45%; text-align: right;"> <p>63-9253/632 1698            0000005496            DATE <u>4-27-06</u></p> </div> </div> <div style="margin-top: 10px;"> <p>PAY TO THE ORDER OF <u>Florida Dept of State</u> \$ <u>50.00/100</u>  <u>Fifty dollars and 00/100</u> DOLLARS</p> <p><b>BAYSIDE SAVINGS BANK</b>            Port St. Joe, Florida 32458            Ph: 850-228-7700</p> <p>MEMO <u>Annual Report</u></p> <p>⑆063292538⑆ 0000005496⑈1698</p> </div>					
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 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: _____ Date <u>4-28-06</u> (850) 648-1010					

ORIGINAL