

FILED Jul 28, 2006 8:00 am Secretary of State 05-09-2006 90011 040 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000073750 1. Entity Name BACKWATER "LLC"						o ne	Л 4 п о	2	
Principal Place of Business Mailing Address					30012287				
HC 3 BOX 98710 HC 3 BOX 98710 MEXICO BEACH, FL 32456 MEXICO BEACH, FL 32456)	TI OR THI IT ora Jiff	n (233) a m) f a	III W III
2. Principal F	Place of Business	3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07242006	Chg-LLC	CR2E08	33 (11/05)	
City & Sta	te	City & State	City & State			er D FOR			plied For t Applicable
Žip	Country	Zip	<u> </u>			Certificate of Status Desired Status Desired Status Desired Status Desired Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
EUBANKS, CLAY T HC 3 BOX 98710 MEXICO BEACH, FL 32456				Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Code	9
	named entity submits this statement	ent for the purpose of changing it	s register	ed office or registe	ered agent, or bo	oth, in the State of Fig		amiliar with,	and accept
the obligations of registered agent. SIGNATURE									
Signsture, typed or printed name of registered agent and tile if applicable. (NOTE: Registered Agent signsture required when reinstating) DATE									
Fi Due (ling Fee is \$50.00 by September 6, 2006				e check pa i Departme		ı .		
9.		MBERS/MANAGERS	10.			ADDITIONS/	CHANGES		3
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CITY-ST-ZIP	partiful that the information of matter	t with this filling stone and accelled		-ST-ZiP	in Chapter 140	Elorida Ctatidas (14)	other codific	that the infe	rmation
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: 7-20-06 648-1010									10
SIGNATURE: 7-20-06 648-1010									

٦, 2006 LIMITED LIABILITY COMPANY ATTACHMENT **ANNUAL REPORT** DOCUMENT # L04000073750 1. Entity Name BACKWATER "LLC" Mailing Address Principal Place of Business 30012287 HC 3 BOX 98710 HC 3 BOX 98710 MEXICO BEACH, FL 32456 MEXICO BEACH, FL 32456 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01202006 Chg-LLC CR2E083 (11/05) City & State 4. FEI Number Applied For City & State APPLIED FOR Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EUBANKS, CLAY T Street Address (P.O. Box Number is Not Acceptable) HC 3 BOX 98710 MEXICO BEACH, FL 32456 City 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 Signature, typed or printed name of registered agent and tide if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM ☐ Change TITLE ☐ Delete MILE ☐ Addition **EUBANKS, CLAY T** NAME NAME STREET ADDRESS HC 3 BOX 98710 STREET ADDRESS MEXICO BEACH, FL 32456 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ■ Addition NAME STREET ADDRESS CITY-ST-ZIP CLAYTON T. EUBANKS 63~9253/632 LIC. E152-118-75-407-0 1698 ☐ Addition TITLE PH. 850-647-3663 WK. 850-648-1010 NAME HC 3, BOX 98710 MEXICO BEACH, FL 32456 DATE 4-17-66 STREET ADDRESS CITY-ST-ZIP ☐ Addition TITLE NAME STREET ADDRESS CMY-ST-ZIP TITLE Addition NAME STREET ADDRESS CITY-ST-ZIP Addition TITLE 00000054**7**6# NAME STREET ADDRESS CITY-ST-ZIP 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 609, Florida Statutes.

MORT, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: