2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

ATURE:

FILED Jan 26, 2006 08:00 A DOCUMENT # L04000078838 **Secretary of State** 1. Entity Name BEN CLARK SAND, LLC Mailing Address Principal Place of Business 8286 NUTHATCH ROAD NAVARRE FL 32566 P.O. BOX 4715 FORT WALTON BEACH FL 32549 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt #, etc. 1st MOORE CR2E083 (10/05) Applied For City & State City & State 4. FEI Number 51-0535700 Not Applicable Zip Country \$5.00 Additional Zio Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TIDWELL, MICHAEL 811 N. SPRING STREET Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32501 City Zip Code F 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 title it applicable (NOTE Registered Agent signature required when reinstalling) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. Delete TIME ☐ Change ☐ Addiii TITLE MGR NAME BENJAMIN, KNOWLTON J 02/02/06-80074-019 50.00 STREET ADDRESS STREET ADDRESS 8816 SAND PINE, DR CITY - ST- ZIP CITY-ST-78P NAVARRE FL 32566 ☐ Change ☐ Aúilli ☐ Delete TITLE TITLE NAME NAME BOUDREAUX, BODIE STREET ADDRESS STREET ADDRESS 1189 HINDU COVE CITY-ST-ZIP CITY-ST-ZIP **GULF BREEZE FL 32563** Change ☐,**b**∵" Delete . TITE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CITY - ST-ZIP ☐ Change Add: 1 Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Add Delete MLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change □ Au TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE 11. I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Section 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 infinited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #

Date