

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000083936

FILED  
Apr 20, 2006  
Secretary of State

Entity Name: MYSTIC SHORE INVESTMENT, LLC

## Current Principal Place of Business:

205 DOLPHIN ST  
GULF BREEZE, FL 32561 US

## New Principal Place of Business:

## Current Mailing Address:

205 DOLPHIN ST  
GULF BREEZE, FL 32561 US

## New Mailing Address:

PO BOX 221  
GULF BREEZE, FL 32562 US

FEI Number: 20-1913153

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHROTH, ELLEN S  
205 DOLPHIN STREET  
GULF BREEZE, FL 32561 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: SCHROTH, ELLEN S  
Address: 205 DOLPHIN ST  
City-St-Zip: GULF BREEZE, FL 32561 US

Title: MGRM ( ) Delete  
Name: SCHROTH, MARK  
Address: 315 FLORIDA AVE  
City-St-Zip: GULF BREEZE, FL 32561 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: SCHROTH, WALTER  
Address: 113 NAVARRE ST  
City-St-Zip: GULF BREEZE, FL 32561

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: ELLEN SCHROTH

MGRM

04/20/2006

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