2006 LIMITED LIABILITY COMPANY

Apr 17, 2006 8:00 am Secretary of State ANNUAL REPORT 04-17-2006 90031 036 ****50.00 DOCUMENT # L04000088795 1. Entity Name MALLET BAYOU ONE, L.L.C. 20030315 Principal Place of Business Mailing Address 25 WALTER MARTIN RD., NE, STE. 101 25 WALTER MARTIN RD., NE. STE. 101 FORT WALTON BEACH, FL 32548 FORT WALTON BEACH, FL 32548 3. Mailing Address 909 Mar Walt Drive 2. Principal Place of Business 909 Mar Walt Drive Suite, Apt. # etc. Suite 1014 Suite Apt. # .etc.4 03142006 CR2E083 (11/05) City & State City & State Applied For 20-2006625 Ft. Walton Beach, FL Ft. Walton Beach, FL Not Applicable Country Country Okaloosa \$5.00 Additional 32547 5. Certificate of Status Desired Okaloosa Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PETERMANN, RICHARD P. PETERMANN, RICHARD P Street Address (P.O. Box Number is Not Acceptable) 25 WALTER MARTIN RD., NE, STE. 101 909 Mar Walt Drive FORT WALTON BEACH, FL 32548 Suite 1014 City Ft. Walton Beach 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. 4/12/06 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MCR MGR TITLE TITLE ■ Addition ☐ Delete XXXChange Petermann, Richard P. 909 Mar Walt Drive, Sutie 1014 PETERMANN, RICHARD P NAME NAME STREET ADDRESS 25 WALTER MARTIN RD., NE, STE. 101 STREET ADDRESS Ft. Walton Beach, FL CITY-ST-ZIP FORT WALTON BEACH, FL 32548 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE П Спалое ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITI F NAME NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Addition TITLE NAME NAME

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.

STREET ADORESS

CITY-ST-ZIP

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

STREET ADDRESS CITY-ST-ZIP

> 4/12/06 Dale

(850) 863-4064

Daytime Phone #

FILED