2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L05000000077 1. Entity Name 02-06-2006 90169 049 ****50.00 RIGGS REALTY GROUP, LLC Principal Place of Business Mailing Address 200 SANDESTIN LANE 200 SANDESTIN LANE 20005123 #703 #703 MIRAMAR BEACH, FL 32550 MIRAMAR BEACH, FL 32550 2. Principal Place of Business 3. Mailing Address 22212 In let Brack Drive Suite, Apt. #, etc. 22212 Inlet Berch 01032006 Chg-LLC CR2E083 (11/05) City & State State Beach FC City & State 4. FEI Number Applied For 20-2102453 Not Applicable \$5.00 Additional 6. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent L. PAUL SIRMANS, P.A. 151 REGIONS WAY Street Address (P.O. Box Number is Not Acceptable) SUITE ONE-B DESTIN, FL 32541 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 agant. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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. MGRM TITLE TITLE Change ☐ Delete ☐ Addition RIGGS, MARK A NAME NAME 22212 Inlet Beach Drive 200 SANDESTIN LANE, #703 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIRAMAR BEACH, FL 32550 CITY-ST-ZIP MGRM ☐ Delete TITLE Change ☐ Addition NAME RIGGS, REBECCA JOY D NAME 72212 Inlet Beach Drive STREET ADDRESS STREET ADDRESS 200 SANDESTIN LANE, #703 CITY-ST-71P MIRAMAR BEACH, FL 32550 CITY-ST-7IP TITLE ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deleta TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deleta TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

Feb 06, 2006 8:00 am

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.

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1/11/06