

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000005947

FILED
Jan 20, 2006
Secretary of State

Entity Name: FLORIDA BAYOU PROPERTIES, LLC

Current Principal Place of Business:

PO BOX 1931
NICEVILLE, FL 32588 US

New Principal Place of Business:

POST OFFICE BOX 1931
NICEVILLE, FL 32588 US

Current Mailing Address:

PO BOX 1931
NICEVILLE, FL 32588 US

New Mailing Address:

POST OFFICE BOX 1931
NICEVILLE, FL 32588 US

FEI Number: 20-3589353

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, KEVIN A
4553 KNOLLWOOD LANE
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

HELMICH, KEVIN M ESQUIRE
4481 LEGENDARY DRIVE
SUITE 200
DESTIN, FL 32541 US

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: KEVIN M. HELMICH

01/20/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: THOMPSON, KEVIN A
Address: 4553 KNOLLWOOD LANE
City-St-Zip: NICEVILLE, FL 32578

Title: MGRM () Delete
Name: DEMONBRUN, CARLTON T
Address: 2021 KILDARE CIRCLE
City-St-Zip: NICEVILLE, FL 32578

Title: MGRM () Delete
Name: THOMPSON, LAURA L
Address: 4553 KNOLLWOOD LANE
City-St-Zip: NICEVILLE, FL 32578

Title: MGRM () Delete
Name: DEMONBRUN, NANCY B
Address: 2021 KILDARE CIRCLE
City-St-Zip: NICEVILLE, FL 32578 FL

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: DEMONBRUN, CARLTON T
Address: 2021 KILDAIRE CIRCLE
City-St-Zip: NICEVILLE, FL 32578

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

Title: MGRM (X) Change () Addition
Name: DEMONBRUN, NANCY B
Address: 2021 KILDAIRE CIRCLE
City-St-Zip: NICEVILLE, FL 32578 FL

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: KEVIN A. THOMPSON

MGRM

01/20/2006

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