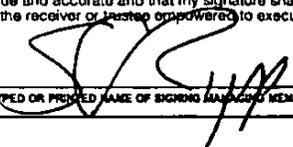


**FILED**  
**Mar 02, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90188 048 \*\*\*\*50.00

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

|  |                                     |                |  |  |  |
|--|-------------------------------------|----------------|--|--|--|
| <b>DOCUMENT # L05000010988</b>   |                                     |                |  |                             |  |
| 1. Entity Name<br>RIGGS FAMILY RE I, L.L.C.  |                                     |                |  |  |  |
| Principal Place of Business<br>4460 LEGENDARY DRIVE STE. 100<br>DESTIN, FL 32541   |                                     |                | Mailing Address<br>4460 LEGENDARY DRIVE STE. 100<br>DESTIN, FL 32541 |  |  |
| 2. Principal Place of Business   |                                     |                | 3. Mailing Address   |  |  |
| Suite, Apt. #, etc.  |                                     |                | Suite, Apt. #, etc.  |  |  |
| City & State   |                                     |                | City & State   |  |  |
| Zip  | Country                             | Zip            | Country  | 4. FEI Number <b>20-2275201</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required   |                                     |                | 02072006 Chg-LLC CR2E063 (11/05)                                     |  |  |
| 8. Name and Address of Current Registered Agent  |                                     |                | 7. Name and Address of New Registered Agent                          |  |  |
| HELMICH, KEVIN M<br>4481 LEGENDARY DRIVE STE. 200<br>DESTIN, FL 32541  |                                     |                | Name   |  |  |
|  |                                     |                | Street Address (P.O. Box Number is Not Acceptable)                   |  |  |
|  |                                     |                | City   |  |  |
|  |                                     |                | FL 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 agent.  |                                     |                |  |  |  |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>  |                                     |                |  |  |  |
| Filing Fee is \$50.00<br>Due by May 1, 2006  |                                     |                |  | Make check payable to<br>Florida Department of State   |  |
| 9. MANAGING MEMBERS/MANAGERS   |                                     |                | 10. ADDITIONS/CHANGES  |  |  |
| TITLE  | MGR <input type="checkbox"/> Delete | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition    |  |  |
| NAME   | RIGGS, STEPHEN C III                | NAME           |  |  |  |
| STREET ADDRESS   | 4460 LEGENDARY DRIVE STE. 100       | STREET ADDRESS |  |  |  |
| CITY-ST-ZIP  | DESTIN, FL 32541                    | CITY-ST-ZIP    |  |  |  |
| TITLE  | <input type="checkbox"/> Delete     | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition    |  |  |
| NAME   |                                     | NAME           |  |  |  |
| STREET ADDRESS   |                                     | STREET ADDRESS |  |  |  |
| CITY-ST-ZIP  |                                     | CITY-ST-ZIP    |  |  |  |
| TITLE  | <input type="checkbox"/> Delete     | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition    |  |  |
| NAME   |                                     | NAME           |  |  |  |
| STREET ADDRESS   |                                     | STREET ADDRESS |  |  |  |
| CITY-ST-ZIP  |                                     | CITY-ST-ZIP    |  |  |  |
| TITLE  | <input type="checkbox"/> Delete     | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition    |  |  |
| NAME   |                                     | NAME           |  |  |  |
| STREET ADDRESS   |                                     | STREET ADDRESS |  |  |  |
| CITY-ST-ZIP  |                                     | CITY-ST-ZIP    |  |  |  |
| TITLE  | <input type="checkbox"/> Delete     | TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition    |  |  |
| NAME   |                                     | NAME           |  |  |  |
| STREET ADDRESS   |                                     | STREET ADDRESS |  |  |  |
| CITY-ST-ZIP  |                                     | CITY-ST-ZIP    |  |  |  |
| 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:    |                                     | Date: 2/9/06   |  | 887 3141   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |                                     |                |  |  |  |

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ATTACHMENT

30001539

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 16, 2006

RIGGS FAMILY RE I, L.L.C.  
4460 LEGENDARY DRIVE STE. 100  
DESTIN, FL 32541

Subject: RIGGS FAMILY RE I, L.L.C.

Reference Number: **L05000010988**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

~~After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314~~ within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MH  
ANNUAL REPORTS SECTION

**ATTACHMENT**

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#LO 5000010988

**CARR, RIGGS & INGRAM, LLC**  
**4460 LEGENDARY DR., SUITE 100**  
**DESTIN, FL 32541**

(850)337-3227 (Direct Line)  
(850)654-4619 (FAX)

**DATE: February 25, 2006**

**TO: Florida Department of State**  
**Division of Corporations**

**FROM: Rosalie Dawe, CPA**

**RE: Annual Report, Riggs Family RE I, LLC**

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Please find the enclosed 2006 Limited Liability Company Annual Report with the correction requested in your letter dated 2/16/06. The FEIN for Riggs Family RE I, LLLC has been entered in Block 4.

Thank you.