


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT #</b> L05000010988<br><b>1. Entity Name</b><br>RIGGS FAMILY RE I, L.L.C. |  |
|--|---|

|   |   |
|---|---|
| <b>Principal Place of Business</b><br>4460 LEGENDARY DRIVE STE. 100<br>DESTIN, FL 32541 | <b>Mailing Address</b><br>4460 LEGENDARY DRIVE STE. 100<br>DESTIN, FL 32541 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



02272008 No Chg-LLC

CR2E083 (12/07)

|  |   |
|--|---|
| <b>4. FEI Number</b><br>20-2275201                               | <b>Applied For</b><br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> | <b>\$5.00 Additional Fee Required</b>                         |

|   |
|---|
| <b>6. Name and Address of Current Registered Agent</b><br><br>HELMICH, KEVIN M<br>4481 LEGENDARY DRIVE STE. 200<br>DESTIN, FL 32541 |
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IN THIS SPACE**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

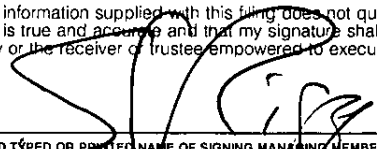
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000910653  
05/07/08-80009-008 138.75

| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |
|--|--|
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | MGR<br>RIGGS, STEPHEN C III<br>4460 LEGENDARY DRIVE STE. 100<br>DESTIN, FL 32541 |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |  |
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| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> |  |

**DO NOT WRITE  
IN THIS SPACE**

**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:**  **Stephen C Riggs** **4/18/08** **850-837-3141**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone