2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Mar 31, 2006 8:00 am Secretary of State **DOCUMENT # L05000013493** 03-31-2006 90180 042 ****55.00 H2O FLORIDA, LLC Principal Place of Business Mailing Address 13330 EMERALD COAST PARKWAY 13330 EMERALD COAST PARKWAY 20023059 DESTIN, FL 32541 DESTIN, FL 32541 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02072006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 42-1677562 Not Applicable Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COOPER, CHARLES L JR. 3520 THOMASVILLE ROAD, SUITE 200 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32309 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR ☐ Delete TITLE ☐ Change ☐ Addition RATCLIFF, MICHAEL NAME NAME 13330 EMERALD COAST PARKWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DESTIN, FL 32541** CITY-ST-7IP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change 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 trusted of the second to execute this report as required by Chapter 608, Florida Statutes.

FILED

3-22-06 850-337-1220 Daysime Phone #