



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90177 021 \*\*\*\*50.00

DOCUMENT # L05000016447					
<b>1. Entity Name</b> HENDERSON BEACH RESORT CONDO, LLC					
<b>Principal Place of Business</b> 3797 NEW GATWELL ROAD MEMPHIS, TN 38118			<b>Mailing Address</b> 3797 NEW GATWELL ROAD MEMPHIS, TN 38118		
<b>2. Principal Place of Business</b> 3797 New Getwell Road Suite, Apt. #, etc.		<b>3. Mailing Address</b> 3797 New Getwell Road Suite, Apt. #, etc.			
City & State Memphis, TN		City & State Memphis, TN		02062006    Chg-LLC    CR2E083 (11/05)	
Zip 38118		Country		<b>4. FEI Number</b>	
City & State Memphis, TN		City & State Memphis, TN		Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip 38118		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>  WILLIAMS, KIRBY H 34990 EMERALD COAST PARKWAY SUITE 301 DESTIN, FL 32541			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL    Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM William O. Hagerman 3797 New Getwell Road Memphis, TN 38118 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>William O. Hagerman</u> William O. Hagerman    2/14/06    (901)369-1500					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #					