# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/7

**FILED**
**Sep 05, 2006 8:00 am**
**Secretary of State**
08-24-2006 90002 012 ****50.00

DOCUMENT # L05000018018

1. Entity Name
SANMARSAN DEVELOPMENT, LLC

30013118

08162006 Chg-LLC CR2E083 (11/05)

| Principal Place of Business | Mailing Address |
|---|---|
| 114 LOGAN LANE<br>SUITE 1B<br>SANTA ROSA BEACH, FL 32459 US | 114 LOGAN LANE<br>SUITE 1B<br>SANTA ROSA BEACH, FL 32459 US |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 605 N Co Hwy 393 | 605 N Co Hwy 393 |
| Suite, Apt. #, etc.: 9-D | Suite, Apt. #, etc.: 9D |
| City & State: SANTA ROSA BEACH FL | City & State: SANTA ROSA BEACH FL |
| Zip: 32459 Country: USA | Zip: 32459 Country: USA |

4. FEI Number: Applied for ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| DORSEY, JULIANA C<br>114 LOGAN LANE<br>SUITE 1B<br>SANTA ROSA BEACH, FL 32459 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $50.00**
**Due by September 8, 2006**

**Make check payable to Florida Department of State**

| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>SANDERS, ROBERT L<br>289 WILLIAMS ST<br>SANTA ROSA BEACH, FL 32459 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>SANDERS, JONATHON D<br>259 MAY DR<br>SANTA ROSA BEACH, FL 32459 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>MARLOW, MARK L<br>3880 E CO HWY 30A UNIT 104<br>SANTA ROSA BEACH, FL 32459 | | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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:** [signature] DAVID SANDERS - member 8/14/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #