

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90182 008 \*\*\*\*50.00

|  |  |                     |  |   |  |
|--|--|---------------------|--|---|--|
| <b>DOCUMENT # L05000018966</b><br>1. Entity Name<br><b>ORANGE BEACH LLC</b>  |  |                     |  |    |  |
| Principal Place of Business<br><b>6 HARBOR LANE<br/>KEY LARGO, FL 33037</b>  |  |                     | Mailing Address<br><b>5255 POPLAR AVENUE<br/>MEMPHIS, TN 38119</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc. |  |   |  |
| City & State   |  | City & State        |  |   |  |
| Zip  | Country  | Zip                 | Country  |   |  |
| 6. Name and Address of Current Registered Agent  |  |                     |  | 7. Name and Address of New Registered Agent   |  |
| <b>WOODMAN, ANDREW L MEMBER<br/>6 HARBOR LANE<br/>KEY LARGO, FL 33037</b>  |  |                     |  | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br><br>City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |                     |  |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |  |                     | Make check payable to<br><b>Florida Department of State</b>        |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |                     | 10. ADDITIONS/CHANGES  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGRM<br/>WOODMAN, ANDREW L<br/>5255 POPLAR AVENUE<br/>MEMPHIS, TN 38119</b> <input type="checkbox"/> Delete       |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGRM<br/>WOODMAN, ROGER S<br/>146 NORTH ROSE ROAD<br/>MEMPHIS, TN 38117</b> <input type="checkbox"/> Delete       |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <b>MGRM<br/>WOODMAN, ROGER S<br/>4710 ASHFORD CLUB DRIVE<br/>ATLANTA, GA 30338</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGRM<br/>PELTS, BARRY M<br/>5255 POPLAR AVENUE<br/>MEMPHIS, TN 38119</b> <input type="checkbox"/> Delete          |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGRM<br/>MAP FLP-1<br/>871 RIDGEWAY LOOP ROAD SUITE 115<br/>MEMPHIS, TN 38120</b> <input type="checkbox"/> Delete |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 11. I hereby certify that the information supplied with this form 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 relative or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |  |                     |  |   |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |  |                     | Date <b>2/15/07</b> Daytime Phone # <b>(901) 685-9344</b>          |   |  |