2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MA

Feb 22, 2006 8:00 am **Secretary of State** DOCUMENT # L05000029103 02-22-2006 90110 021 ****50.00 MEYER-TOLBERT PROPERTIES, LLC Principal Place of Business Mailing Address 707 ELISE LANE 707 ELISE LANE DESTIN FL 32541 DESTIN FL 32541 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 402 Benning W Suite, Apt. #, etc 1st MOORE CR2E083 (10/05) 4. FEI Number City & State City & State Applied For 76-078673 Not Applicable \$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 CADENHEAD LAW FIRM Street Address (P.O. Box Number is Not Acceptable 543 HARBOR BOULEVARD SUITE 501 Benning DESTIN FL 32541 8. The above named entity submits this stateme or 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 again 2-10-06 SIGNATURE Signature typed or pr ent and title it applicable (NOTE: Registered Agent signature required when reinstitling) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS / MANAGERS ADDITIONS/CHANGES 9. 10. MORM Change THILE MGRM ☐ Delete TITLE ☐ Addition NAME TOLBERT, JOHN NAME Tolber T. Bayainds CT STREET ADDRESS 707 ELISE LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DESTIN FL 32541 TITLE Delete TITLE Change Change ☐ Addition 1 EYER, DAVID NAME MEYER, DAVID NAME Benning Drive STREET ADDRESS STREET ADDRESS 707 ELISE LANE CITY-ST-ZIP CITY-ST-ZIP DESTIN FL 32541 Addition ____Detete TITLE Change TITLE NAME 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 ☐ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this fifing does not qualify for the exemptions contained in Section 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED

2-10-06

Daytime Phone #

GER, OR AUTHORIZED REPRESENTATIVE