

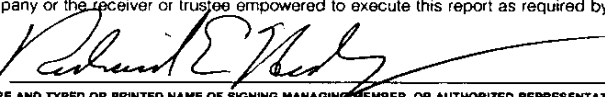


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000030892 1. Entity Name DUGGAN'S LANDING DEVELOPMENT, L.L.C.		
Principal Place of Business 655 MCDONOUGH ROAD HAMPTON, GA 30228 US	Mailing Address 655 MCDONOUGH ROAD HAMPTON, GA 30228 US	
<h2>DO NOT WRITE IN THIS SPACE</h2>		
<div style="text-align: right;"> FILED 07 MAY 18 PM 12:02  </div>		
<div style="display: flex; justify-content: space-between;"> 03072007 No Chg-LLC CR2E083 (11/05) </div>		
4. FEI Number 42-1625969		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent MCNEESE, RICHARD S 36468 EMERALD COAST PARKWAY STE. 1201 DESTIN, FL 32550		
<h2>DO NOT WRITE IN THIS SPACE</h2>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCMASTER, JAMES R 655 MCDONOUGH ROAD HAMPTON, GA 30228	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCOTT, NORMAN 1000 SEA MOUNTAIN HIGHWAY MYRTLE BEACH, SC 29582	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEDBERG, RICHARDS E 25 SAM'S POINT LN HILTON HEAD ISLAND, SC 29926	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<div style="text-align: right;"> \$75/25 600103894626 06/05/07--01015--002 **161.25 <h2>DO NOT WRITE IN THIS SPACE</h2> </div>		
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  4/26/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		

Date

Daytime Phone #