

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000038239

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: NORTHWEST FLORIDA LOCATIONS, LLC

**Current Principal Place of Business:**

12815 US HWY 98  
SUITE 108  
DESTIN, FL 32541 US

**New Principal Place of Business:**

244 LAS ROBLAS GRANDE  
SANTA ROSA BEACH, FL 32459 US

**Current Mailing Address:**

POST OFFICE BOX 6773  
DESTIN, FL 32550 US

**New Mailing Address:**

FEI Number: 20-8710607      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCGILL, ROBERT E III  
36008 EMERALD COAST PARKWAY  
SUITE 301  
DESTIN, FL 32541 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KING, JOHN A SR  
Address: 4101 INDIAN BAYOU N.  
City-St-Zip: DESTIN, FL 32541

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: KING, JOHN A SR  
Address: 543 BOTANY BOULEVARD  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGR ( ) Delete  
Name: WILLIAMS, TOMMY R SR  
Address: 602 HARBOR BLVD., UNIT 102  
City-St-Zip: DESTIN, FL 32541

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN A. KING

MGRM

04/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date