2006 LIMITED LIABILITY COMPANY

Apr 07, 2006 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L05000049658** 04-07-2006 90215 023 ****50.00 BIG FISH SEASIDE RENTALS, LLC Principal Place of Business Mailing Address 405 TALLAHASSEE STREET PO BOX 787 CARRABELLE, FL 32322 CARRABELLE, FL 32322 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04052006 Chg-LLC CR2E083 (11/05) 4. FEI Number 40 - 0242304 Applied For City & State City & State Not Applicable Zio Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RODGERS, JEANNE E Street Address (P.O. Box Number is Not Acceptable) **405 TALLAHASSEE STREET** CARRABELLE, FL 32322 City 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, wheel or presidence of registrical agent and site if applicable (NOTE: Registered Agent's gnature required when reinstating) Filing Fee is \$50.00 Make check payable to Due by May 1, 2006 Fiorida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MEMBER MANAGER TITLE Oelete TIT! F Change . Addition RODGERS, JEANNE E 409 Tallahassec ST CARRABELLE FL 32322 NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition 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 Defete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRE ☐ De!ete TITLE ☐ Change Addition NAME NAME

11. I hereby certify that the information supplied with this tiling 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: GER OR AUTHORIZED REPRESENTATIVE SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBE

STREET ADDRESS

CITY-ST-ZIP

5 Apr 2006

510-2888 (850)

FILED