


FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90072 036 ****50.00

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000056090			
1. Entity Name HATCHEE SHORES PROPERTIES, L.L.C.			
Principal Place of Business 415 GULF SHORE DRIVE, APT. 17 DESTIN, FL 32541		Mailing Address 415 GULF SHORE DRIVE, APT. 17 DESTIN, FL 32541	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent OWEN, DAVID A 1221 AIRPORT ROAD, SUITE 208 DESTIN, FL 32541		7. Name and Address of New Registered Agent Name: <u>Michael Daopoulos</u> Street Address (P.O. Box Number is Not Acceptable): <u>415 Gulf Shore Dr. #17</u> City: <u>Destin</u> State: <u>FL</u> Zip Code: <u>32541</u>	
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: <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>4/26/06</u>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAOPOULOS, MICHAEL 415 GULF SHORE DRIVE, APT. 17 DESTIN, FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date: <u>4/26/06</u> 850-259-0792 Daytime Phone #	