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.				0001		
Principal Place	a of Business	Mailing Address	Mailing Address		1115	
415 GULF SHORE DRIVE, APT. 17 DESTIN, FL 32541		415 GULF SHORE DRIVE, APT. 17 DESTIN, FL 32541			.=20	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04262006 Chg-LLC	CR2E083 (11/05)	
City & State		City & State		4. FEI Number	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required	
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Reg	jistered Agent	
OWEN, DAVID A 1221 AIRPORT ROAD, SUITE 208 DESTIN, FL 32541			Name Name Street Address	Street Address (P.O. Box Number is Not Acceptable)		
DESTIN, F	L 32341		415 C	rulf Shore Dr. #	17	
			City	ta	FL 3254/	
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 Speakers, typed quarkerist nather of registrates and title if applicable. (NOTE: Registrated Agent signature required when reknsissing) OATE OATE						
. ii						
Filing Fee is \$50.00 Due by May 1, 2006				Florida	check payable to Department of State	
9.		BERS/MANAGERS	10.	ADDITIONS/C		
YITLE NAME	MGRM DAOPOULOS, MICHAEL	Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS	415 GULF SHORE DRIVE, AP	т. 17	STREET ADDRESS			
CITY-ST-ZIP	DESTIN, FL 32541		CITY-ST-ZIP			
TITLE		☐ Delele	TITLE		☐ Change ☐ Addition	
NAME			NAME Street adoress			
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE	······································	☐ Change ☐ Addilion	
NAME			NAME			
STREET ADDRESS			STREET ADORESS			
CITY-ST-ZIP			TITLE	<u></u>	☐ Change ☐ Addition	
TITLE NAME		☐ Delete	NAME		Contract Contract	
STREET ADORESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		Delete	TITLE NAME		Change Addition	
NAME STREET ADDRESS			STREET ADDRESS		:	
CITY-ST-ZIP		•	CITY-ST-ZIP			
TITLE .	•	☐ Delete	TITLE		Change 🗀 Addition	
NAME CTREET ADDRESS	,		NAME STREET ADDRESS		,	
STREET ADDRESS CITY-ST-ZIP		And the same of th	CITY-ST-ZIP	e e e e e e e e e e e e e e e e e e e	ren en e	
44 Lhouse and fights the information complied with this filling does not qualify for the exemptions contained in Chanter 119 Florida Statutes Lighter 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.						
	2		, 	4//20/1	802-200-020-	
SIGNATURE: 050-25 \$ 0.792 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNERS MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daysting Proces #						