2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

					— Furn	
DOCUMENT # L05000061649 1. Entity Name					SECRETARY OF STATE DIVISION O CORPORATIONS	
R&R LANDHOLDINGS, LLC					06 JUN -8 AM 9:58	
Principal Place of Business Mailing Address						
4300 LEGEN SUITE C-204 DESTIN FL	4300 LEGENDARY DR SUITE C-204 DESTIN FL 32541	TE C-204				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		1st MOORE CR2E083 (10/05)	
City & State		City & State			4. FEI Number / Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired S5.00 Additional Fee Required	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent	
ZINANATONAANI NITVINI I				Name		
ZIMMERMAN, NEVIN J 101 HARRISON AVENUE PANAMA CITY FL 32401				Street Addres	ss (P.O. Box Number is Not Acceptable)	
				City	FL 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 Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) OATE						
San File Now!				Carlo Ca		
		Make Check Payab	- N 1	Commercial and the commercial contractions of the commercial c	5 N	
		Du	e By M	ay 1, 2006		
9.	MANAGING MEMB		10.		ADDITIONS/CHANGES	
TITLE NAME	MGRM	DN, RICHARD C LEGENDARY DRIVE, SUITE C-204			☐ Change ☐ Addition	
STREET ADDRESS	' -			ME 000076302700 REET ADDRESS 06/19/0601005001 **2150.00		
CITY-ST-ZIP	STIN FL 32541 CIP		-ST-ZIP	007 207 00 01000 001 002100:00		
TITLE	MGRM	Delete	TITL		☐ Change ☐ Addition	
NAME STREET ADDRESS	7 111211 0, 1101 2.11 2		NAM STRI			
CITY-ST-ZIP	DESTIN FL 32541	IVE, SUITE C-204 STREET ADDRESS CITY- ST- ZIP				
TITLE		☐ Delete	TΠŁ	l.	☐ Change ☐ Addition	
NAME STREET ADDRESS			NAM STR	IE EET ADDRESS		
CITY-ST-ZIP				-ST-ZIP		
TITLE	"	☐ Delete	TITL	E	Change Addition	
NAME			NAM			
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS (-ST-ZIP		
TITLE		☐ Detete	nn.	E	☐ Change ☐ Addition	
NAME			NAM			
STREET ADORESS CITY-ST-ZIP				EET ADDRESS (-ST-ZIP		
TITLE		☐ Delete	TITL.		☐ Change ☐ Addition	
NAME			NAN	AE .	= · -	
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS /-ST-ZIP		
	Certify that the information supplied w	ith this filing does not qualify			gined in Section 119. Florida Statutes. I further certify that the information	
11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 received as trustee empowered to execute this report as required to the property of the contained to the con						

4-28 06 850-650-3858
Date Prone #