FILED
Aug 31, 2006 8:00 am
Secretary of State
07-10-2006 90102 016 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000064113

1. Entity Name
DEAD MAN'S ISLAND DEVELOPMENT, LLC

30013073

Principal Place of Business	Mailing Address
409 MONTROSE BLVD GULF BREEZE, FL 32561	409 MONTROSE BLVD GULF BREEZE, FL 32561

2. Principal Place of Business	3. Mailing Address
	4400 BAYOU BLvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 6
City & State	City & State PENSACOLA, FLORIDA
Zip / Country	Zip 32503 / Country USA

07052006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3100453 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WEIN, MICHAEL S 409 MONTROSE BLVD GULF BREEZE, FL 32561	Name Street Address (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 if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEIN, MICHAEL S 409 MONTROSE BLVD GULF BREEZE, FL 32561	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	member - mGRm William Wein 1293 TALL Pine Circle GULF Breeze, FL 32561	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Michael S. Wein 7-6-06 850-473-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #