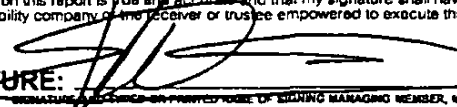


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 31, 2006 8:00 am
Secretary of State

07-10-2006 90102 016 ****50.00

DOCUMENT # L05000064113					
1. Entity Name DEAD MAN'S ISLAND DEVELOPMENT, LLC					
Principal Place of Business 409 MONTROSE BLVD GULF BREEZE, FL 32561			Mailing Address 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	Country	4. FEI Number 20-3100453	
32503	USA	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 C 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 _____ (NOTE: Registered Agent signature required when reappointing) 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

30013073



07052006 Chg-LLC CR2E083 (11/05)