

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000064113

FILED
Jan 08, 2007
Secretary of State

Entity Name: DEAD MAN'S ISLAND DEVELOPMENT, LLC

Current Principal Place of Business:

409 MONTROSE BLVD
GULF BREEZE, FL 32561

New Principal Place of Business:

Current Mailing Address:

4400 BAYOU BLVD
SUITE 6
PENSACOLA, FL 32503

New Mailing Address:

FEI Number: 20-3100453

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEIN, MICHAEL S
409 MONTROSE BLVD
GULF BREEZE, FL 32561 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WEIN, MICHAEL S
Address: 409 MONTROSE BLVD
City-St-Zip: GULF BREEZE, FL 32561 US

Title: MGRM () Delete
Name: WEIN, WILLIAM
Address: 1293 TALL PINE CIRCLE
City-St-Zip: GULF BREEZE, FL 32561

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 WEIN

MGRM

01/08/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date