2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 08, 2006 8:00 am Secretary of State 02-08-2006 90087 046 ****50.00

DOCUMENT # L05000077766 1. Entity Name DEEPWATER BEND, LLC				02-08-2006 90087 046 ****50.00			
Principal Plac	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·				
PO BOX 13446		PO BOX 13446					
PENSACOLA,	FL 32591 US	PENSACOLA, FL 32591	US) IFERIAN SI	ı Persi Rikli Peki Seki Se	Diri Berri 1981: Iber 1881 etti etti e	11 28) (11 128)
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02062006	Chg-LLC	CR2E083 (11/05)	
City & State		City & State		4. FEI Numb	er		pplied For ot Applicable
Žip	Country	Zip	Country	5. Certificate	of Status Desired	S5.00 Ad Fee Require	
	6. Name and Address of Current F	tegistered Agent	Name	7. Name and	Address of New I	Registered Agent	
HENDERSON, CHAD C							
421 WILSON AVENUE TALLAHASSEE, FL 32303			Street Addres	s (P.O. Box Numb	(P.O. Box Number is Not Acceptable)		
			City			FL Zip Cod	ie
	named entity submits this statement for tions of registered agent.	the purpose of changing its i	registered office or regis	tered agent, or bo	th, in the State of F	lorida. I am familiar with	, and accept
SIGNATURE							
Signature, typed of printed name of registered agent as Filling Fee is \$50.00 Due by May 1, 2006		o sue a appareame. (NOTE.	Registered Agent signature requ	red when remaining		ke check payable to la Department of Stat	te
9.	MANAGING MEMBER	RS/MANAGERS	10.		ADDITIONS	G/CHANGES	
TITLE	MZ	RS/MANAGERS	TITLE		ADDITIONS	C/CHANGES Change	☐ Addition
TITLE NAME ·	MR CHAD C. HENDERSON UZI WILSON AFE	☐ Delete	TITLE NAME		ADDITIONS		Addition
TITLE	MR CHAD C. HENDERSON 421 WILSON AFE TRUNGASSEE, FL 323	☐ Delete	TITLE		ADDITIONS		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MR CHAD C. HENDERSON 421 WILSON AVE TRUMHASSCE, FL 323	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		ADDITIONS		☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MR CHAD C. HENDERSON 421 WILSON AVE THURSESSEE, FL 323 NA	□ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		ADDITIONS	☐ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MR CHAD C. HENDERSON 421 WILSON AVE TRUMHASSCE, FL 323	□ Delete □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		ADDITIONS	☐ Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MR CHAD C. HENDERSON 421 WILSON AVE TRUMHASSCE, FL 323 LA CHAD A. WILLIAMS 2613 HOY 95A SOUTH CANTONNENT, FL 31	Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		ADDITIONS	☐ Change	
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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 fimited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE SIGNATURE NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/6/66

858 528 0658

Daytime Phone #