


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

04-17-2006 90039 040 ****50.00

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DOCUMENT # L05000081592					
1. Entity Name INDIGO AT PERDIDO KEY, LLC					
Principal Place of Business 35008 EMERLAD COAST PARKWAY, STE. 202 DESTIN, FL 32541			Mailing Address 35008 EMERLAD COAST PARKWAY, STE. 202 DESTIN, FL 32541		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 04132006 Chg-LLC CR2E083 (11/05)	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KILPATRICK, WILLIAM G JR 35008 EMERLAD COAST PARKWAY, STE. 202 DESTIN, FL 32541			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 <u>Robert B. Fiore for William Kilpatrick</u> DATE <u>4/14/2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KILPATRICK, WILLIAM G JR 35008 EMERLAD COAST PARKWAY, STE. 202 DESTIN, FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Robert B. Fiore <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Robert B. Fiore <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 386 Terrapin Trace Destin, FL 32541		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Robert B. Fiore

4/14/2006



ATTACHMENT
30007554
FLEET, SPENCER & KILPATRICK, P.A.
ATTORNEYS AND COUNSELORS AT LAW

May 4, 2006

Florida Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, Florida 32314

RE: Indigo at Perdido Key, LLC

To Whom It May Concern:

Enclosed please find the corrected annual report per your request. I have also enclosed a copy of the correspondence from your office requesting same. Thank you for your attention to this matter. If you have any questions or concerns, please do not hesitate to contact us at the Destin office listed below.

Very truly yours,

Gabriella M. Barnes,
Legal Assistant to William G. Kilpatrick, Jr., Esq.
gabby@fleetspencer.com

/gmb
Enclosure(s) as stated.
cc: Robert and Diane Fiore (via e-mail only)

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