

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000083555

FILED
Apr 05, 2006
Secretary of State

Entity Name: SHOWERS DEVELOPMENT EAST, L.L.C.

Current Principal Place of Business:

83 CYPRESS BREEZE DRIVE
SANTA ROSA BEACH, FL 32459 US

New Principal Place of Business:

Current Mailing Address:

83 CYPRESS BREEZE DRIVE
SANTA ROSA BEACH, FL 32459 US

New Mailing Address:

FEI Number: 20-3351285

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOLPHIN FREEPORT, L.L.C.
83 CYPRESS BREEZE DRIVE
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

MOHLER, ROGER A
83 CYPRESS BREEZE DRIVE
SANTA ROSA BEACH, FL 32459 US

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: ROGER MOHLER

04/05/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TARLE, JAMES S
Address: 2239 LAUGHING GULL CIRCLE
City-St-Zip: ATLANTIC BEACH, FL 32233 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TARLE, ERNEST J
Address: 102 CYPRESS BREEZE DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: MGR () Change (X) Addition
Name: MOHLER, ROGER A
Address: 83 CYPRESS BREEZE DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

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: ERNEST J. TARLE

MGRM

04/05/2006

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