2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 16, 2007 8:00 am Secretary of State 04-16-2007 90344 037 ****50.00

DOCUMENT # L05000083693 1. Entity Name GARDEN PROPERTIES OF NW FLORIDA, LLC						04-10-2007	50511057	, o. o o
Principal Place of Business 392 TRADEWINDS DRIVE SANTA ROSA BEACH, FL 32459 52 Camp Creek Point Dr. Panama City Beach (FL 324		Mailing Address -392 TRADEWINDS DRIVE- SANTA ROSA BEACH, FL 32459- 52 Camp Creek Bint Dr. H3 Panana C: ty Beach, FL 3243			0403004	¥U		
Panama	City Beach IFL 32	413 Parama C:	ty Beach	FL 3243		11		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04072007	Chg-LLC	CR2E083 (12/06))	
City & State		City & State		4. FEI Number 20-335			pplied For lot Applicable	
Zip	Country	Zip	Country	Country		of Status Desired	□ \$5.00 Ac	
	6. Name and Address of Curren	t Registered Agent	<u> </u>		7. Name and	Address of New F	Registered Agent	
ONIDED 6	NIOANID		Nar	ne Sai	der, S	usan B	3.	
SNIDER, SUSAN B 392 TRADEWINDS DRIVE				Street Address (P.O. Box Number is Not Acceptable)				
SANTA ROSA BEACH, FL 32459			5	52 Camp Creek Point Dr. City Ranana City Beach FL 210 Code 32413				
			City	City Ranama City Beach FL Zip Code 32413				
	named entity submits this statement tions of registered agent.	or the purpose of changing its						
	Signature, typed or printed name of registered ager	and with a contrasting (AICO)	FE. Registered Agent	-:			DATE	
	Signature, typed or printed name or registered ager	ii and title ii appiicable (NO)	L. Registered Agent					
	* A. B							
				- · · · · · · · · · · · · · · · · · · ·			ke check payable to a Department of Sta	te
	* A. B		10.	·		Florid	ke check payable to a Department of Sta	te
Fi Di	iling Feé is \$50.00 ue by May 1, 2007						ke check payable to a Department of Sta	te
9. IITLE NAME	iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMB MGR JINKS, MARILYN B	ERS/MANAGERS	10. TITLE NAME			Florid	ke check payable to a Department of Sta /CHANGES	
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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 limited liability company or the pecylver or trustee employee cut this report as required by Chapter 608, Florida Statutes.

Wille SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAMED SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE