2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000088959

Entity Name: ST. LUCIA COVE, LLC

FILED Apr 27, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

132 JENKS CIRCLE PANAMA CITY, FL 32405

Current Mailing Address: New Mailing Address:

132 JENKS CIRCLE PANAMA CITY, FL 32405

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MERCER, DOUGLAS WADE

4431 LAFAYETTE STREET

MARIANNA, FL 32446 US

MERCER, DOUGLAS W

4431 LAFAYETTE STREET

MARIANNA, FL 32446 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: DOUGLAS WADE MERCER 04/27/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 HOLDER, DEAN R
 Name:

 Address:
 132 JENKS CIRCLE
 Address:

 City-St-Zip:
 PANAMA CITY, FL 32405
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 HOLDER, MICHELLE B
 Name:

 Address:
 132 JENKS CIRCLE
 Address:

 City-St-Zip:
 PANAMA CITY, FL 32405
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 JUSTICE, TRAVIS K
 Name:

 Address:
 4256 JENNIFER LANE
 Address:

 City-St-Zip:
 YOUNGTOWN, FL 32466
 City-St-Zip:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 LYON, SEAN P
 Name:
 SMITH, TIMOTHY M

 Address:
 1602 DRUMMOND AVENUE
 Address:
 5110 PRESIDENT CIRCLE

 City-St-Zip:
 PANAMA CITY, FL 32401
 City-St-Zip:
 MARIANNA, FL 32446 US

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: MERCER, DOUGLAS WADE Name: MERCER, DOUGLAS W

Name:MERCER, DOUGLAS WADEName:MERCER, DOUGLAS WAddress:4431 LAFAYETTE STREETAddress:4431 LAFAYETTE STREETCity-St-Zip:MARIANNA, FL 32446City-St-Zip:MARIANNA, FL 32446

Title: MGRM () Delete Title: () Change () Addition

 Name:
 SMITH, JAMES M
 Name:

 Address:
 3065 PX RANCH ROAD
 Address:

 City-St-Zip:
 COTTONDALE, FL 32431
 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: DOUGLAS WADE MERCER MGRM 04/27/2006