2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2006
Secretary of State

DOCUMENT# L05000089022

Entity Name: SPACE ONE, LLC

Current Principal Place of Business:

4010 COMMONS DRIVE WEST, SUITE 100
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

4010 COMMONS DRIVE WEST, SUITE 100
DESTIN, FL 32541

New Mailing Address:

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

Name and Address of Current Registered Agent:

HAWKINS, JOHN W ESQ
MATTHEWS & HAWKINS, P.A.
4475 LEGENDARY DRIVE
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: BLANTON, DARRELL
Address: 4010 COMMONS DRIVE WEST, SUITE 100
City-St-Zip: DESTIN, FL 32541

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

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

ADDITIONS/CHANGES:

Title: P (X) Change ( ) Addition
Name: BLANTON, DARRELL
Address: 4010 COMMONS DRIVE WEST, SUITE 100
City-St-Zip: DESTIN, FL 32541

Title: SEC ( ) Change (X) Addition
Name: SCHMIDT, STEVEN R
Address: PO BOX 100
City-St-Zip: DESTIN, FL 32540

Title: T ( ) Change (X) Addition
Name: SMITH, SUSAN
Address: 4502 BELLBUOY LANDING
City-St-Zip: DESTIN, FL 32541

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: DARRELL BLANTON P 03/27/2006

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