

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000092147

FILED  
May 01, 2006  
Secretary of State

**Entity Name:** PREMIER PROPERTIES OF OKALOOSA COUNTY, LLC

**Current Principal Place of Business:**

45 BEAL PARKWAY  
FORT WALTON BEACH, FL 32548

**New Principal Place of Business:**

147 ELDREDGE ROAD  
FORT WALTON BEACH, FL 32547 US

**Current Mailing Address:**

P.O. BOX 755  
FORT WALTON BEACH, FL 32549

**New Mailing Address:**

FEI Number: 26-1049766      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

PAPPAS, JEFF  
45 BEAL PARKWAY  
FORT WALTON BEACH, FL 32548 US

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

PAPPAS, JEFF  
147 ELDREDGE ROAD  
FORT WALTON BEACH, FL 32547 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:

05/01/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PAPPAS, JEFF  
Address: 45 BEAL PARKWAY  
City-St-Zip: FORT WALTON BEACH, FL 32548

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PAPPAS, JEFF  
Address: 147 ELDREDGE ROAD  
City-St-Zip: FORT WALTON BEACH, FL 32547

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: JEFF PAPPAS

MGM

05/01/2006

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