


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 17, 2007 8:00 am
Secretary of State

07-17-2007 90007 024 ****55.00

DOCUMENT # L05000102864 1. Entity Name LE MELANGE DEVELOPMENT, LLC			
Principal Place of Business 71 AZURE PLACE DESTIN, FL 32550		Mailing Address 71 AZURE PLACE DESTIN, FL 32550	
2. Principal Place of Business - No P.O. Box # 2986 Scenic Hwy 98 <small>Suite, Apt. #, etc.</small>		3. Mailing Address 2986 Scenic Hwy 98 <small>Suite, Apt. #, etc.</small>	
City & State Destin, FL		City & State Destin FL	
Zip 32541		Zip 32541	
Country OKA/005A		Country OKA/005A	
4. FEI Number 20-3661704		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWNING, WILLIAM 71 AZURE PLACE DESTIN, FL 32550		7. Name and Address of New Registered Agent Name Browning, William Street Address (P.O. Box Number is Not Acceptable) 2986 Scenic Hwy 98 City Destin FL Zip Code 32541	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>William Browning</u> 7/12/07 <small>Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROWNING, WILLIAM 71 AZURE PLACE DESTIN, FL 32550	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROWNING, William 2986 Scenic Hwy 98 Destin, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <u>William Browning</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>7/12/07</u> Daytime Phone # <u>850-585-8873</u>	