2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

7/

DOCUMENT # L05000104269

1. Entity Name
BAYOU BEND LLC

Principal Place of Business	Mailing Address
5915A CHICAGO AVENUE PENSACOLA, FL 32526	5915A CHICAGO AVENUE PENSACOLA, FL 32526

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

07062006   Chg-LLC   CR2E083 (11/05)

4. FEI Number 20-3431372   ☐ Applied For   ☐ Not Applicable

5. Certificate of Status Desired   ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BEGGS & LANE 501 COMMENDENCIA STREET PENSACOLA, FL 32502	Name— *Richard A. Willie II* Street Address (P.O. Box Number is Not Acceptable) *1141 Sawgrass Dr.* City *Gulf Breeze* FL Zip Code *32563*

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 _(signed)_   DATE 7/6/06

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS	10. ADDITIONS / CHANGES
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE *MGR* NAME *Christopher W Peterson* STREET ADDRESS *1000 Lions Gate Ln* CITY-ST-ZIP *Gulf Breeze, FL 32563* ☐ Change ☒ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ 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: _(signed)_   7/6/06   850-941-1906

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #