
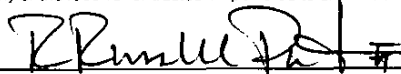


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90172 001 ***277.50

30067843

DOCUMENT # L05000111668 1. Entity Name REGAL STEPHENS DEVELOPMENT, LLC					
Principal Place of Business 156 COVE DRIVE MIRAMAR BEACH, FL 32550			Mailing Address 156 COVE DRIVE MIRAMAR BEACH, FL 32550		
2. Principal Place of Business - No P.O. Box # 4947 E. CO. HWY 30-A		3. Mailing Address 4947 E. Co. Hwy. 30-A			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State SANTA ROSA BEACH, FL		City & State SANTA ROSA BEACH, FL		4. FEI Number 20-3809417	
Zip 32459		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 32459		Country		03012008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent BURKE, TODD BURKE, BLUE, HUTCHISON & WALTERS, P.A. 215 GRAND BLVD., SUITE 101 DESTIN, FL 32550				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PORTER, R. RUSSELL II 156 COVE DR MIRAMAR BEACH, FL 32550		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> 4947 E. CO. HWY. 30-A SANTA ROSA BEACH, FL 32459	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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: 			4-29-08 850-231-5455		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		