


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90237 046 ***138.75

DOCUMENT # L05000114412	
1. Entity Name SHARKS TOOTH GOLF CLUB, LLC	

Principal Place of Business 2003 WILD HERON WAY PANAMA CITY BEACH, FL 32413	Mailing Address 2003 WILD HERON WAY PANAMA CITY BEACH, FL 32413
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2. Principal Place of Business - No P.O. Box # 18300 SCENIC HIGHWAY 98 Suite, Apt. #, etc. SUITE B	3. Mailing Address PO BOX 230 Suite, Apt. #, etc.
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City & State POINT CLEAR AL	City & State POINT CLEAR AL
Zip 36564	Country USA
Zip 36564	Country USA



04022008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent LEEBRICK, BRIAN D ESQ. 220 MCKENZIE AVENUE PANAMA CITY, FL 32401	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

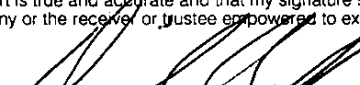
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR JOHNSON, JOHN 2003 WILD HERON WAY PANAMA CITY BEACH, FL 32413 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MERM LP LAND COMPANY 824 MARKET ST. SUITE 900 WILMINGTON DE 19801 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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
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
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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
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:  **DAVID H. HEAD JR**
EXECUTIVE VICE PRESIDENT 4-3-08 251-928-3930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #