

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-07-2008 90238 050 ***138.75

DOCUMENT # L05000114413

1. Entity Name
SHARKS TOOTH OWNER, 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**

2. Principal Place of Business - No P.O. Box #

18300 SCENIC HIGHWAY 98

3. Mailing Address

PO BOX 230

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE B

04022008 Chg-LLC CR2E083 (12/06)

City & State

City & State

POINT CLEAR AL

POINT CLEAR AL

4. FEI Number

20-3947249

Applied For

Not Applicable

Zip

Country

Zip

Country

36564

USA

36564

USA

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

**LEEBRICK, BRIAN D ESQ.
220 MCKENZIE AVENUE
PANAMA CITY, FL 32401**

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

Signature, typed or printed name of registered agent and title if applicable.

(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
**MR
JOHNSON, JOHN
2003 WILD HERON WAY
PANAMA CITY BEACH, FL 32413** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LP LAND COMPANY
824 MARKET ST., SUITE 900
WILMINGTON DE 19801** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

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

Date

Daytime Phone #

**DAVID H. HEAO JR.
EXECUTIVE VICE PRESIDENT**

4-3-08 251-928-3930