

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000007035

FILED
Jan 30, 2007
Secretary of State

Entity Name: THE LANDINGS AT SANTA ROSA BEACH, LLC

Current Principal Place of Business:

1860 MIDTOWN DRIVE
COLUMBUS, GA 31906

New Principal Place of Business:

Current Mailing Address:

1860 MIDTOWN DRIVE
COLUMBUS, GA 31906

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BURKE, M. TODD ESQ.
BURKE, BLUE, HUTCHISON & WALTERS, P.A.
215 GRAND BOULEVARD, SUITE 101
DESTIN, FL 32550 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: COPELAN, GEORGE
Address: 194 LINDA LANE
City-St-Zip: PINE MOUNTAIN, GA 31822

Title: MGR () Delete
Name: YARBROUGH, ROBERT
Address: 1860 MIDTOWN DRIVE
City-St-Zip: COLUMBUS, GA 31906

Title: MGR () Delete
Name: TINDLE, TIM
Address: 15167 U.S. HIGHWAY 331 SOUTH
City-St-Zip: FREEPORT, FL 34239

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT YARBROUGH MGR 01/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date