## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000058504

1. Entity Name EBH-06, LLC



Principal Place of Business

100 SEASCAPE DRIVE DESTIN, FL 32550 Mailing Address

100 SEASCAPE DRIVE DESTIN, FL 32550



## FILED Apr 11, 2008 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

02132008 No Chg-LLC CR2E083 (12/07)

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired Status Desired Fee Required

6. Name and Address of Current Registered Agent

OSBORN, MARCUS B 100 SEASCAPE DRIVE DESTIN, FL 32550 DO NOT WRITE IN THIS SPACE

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 NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS	<b>建工工工工程的企业工程的证明</b>	<b>心理时间加强处理外的执行</b> 力
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OSBORN, MARCUS B 4766 HWY 280 BIRMINGHAM, AL 35242		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FLEISHER, DAVID E 42 BUSINESS CENTER DR S 304 DESTIN, FL 32541	04.23/1 1.23/1	1008930899933705100 18-80092+0031705100
TITLE NAME - STREET ADDRESS CITY-ST-ZIP	·	DO NOT	(注: 1gg ) (新工 ) (
TITLE NAME STREET ADDRESS		IN THIS	SPACE

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

3/25 /08

Daytime Phone #