2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2008
Secretary of State

DOCUMENT# L06000071985

Entity Name: OKALOOSA ISLAND RESTORATION LLC

Current Principal Place of Business:

364 BLUEFISH DRIVE
SUITE 104
FORT WALTON BEACH, FL 32548 US

New Principal Place of Business:

1612 18TH STREET
NICEVILLE, FL 32578 US

Current Mailing Address:

364 BLUEFISH DRIVE
SUITE 104
FORT WALTON BEACH, FL 32548 US

New Mailing Address:

1612 18TH STREET
NICEVILLE, FL 32578 US

FEI Number: 06-1787241 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LISTER, LARRY S
758 SEAHORSE AVENUE
OKALOOSA ISLAND
FORT WALTON BEACH, FL 32548 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:	MGRM	( ) Delete
Name:	CLARK, GREGORY A	
Address:	758 SEAHORSE AVENUE, OKALOOSA ISLAND	
City-St-Zip:	FORT WALTON BEACH, FL 32548 US	
Title:	MGRM	( ) Delete
Name:	LISTER, LARRY S	
Address:	758 SEAHORSE AVENUE, OKALOOSA ISLAND	
City-St-Zip:	FORT WALTON BEACH, FL 32548 US	
Title:	MGRM	( ) Delete
Name:	MORGAN, THOMAS	
Address:	P.O. BOX 251	
City-St-Zip:	LOAMI, IL 62661 US	
Title:	MGRM	( ) Delete
Name:	CLARK, MICHAL	
Address:	1612 18	
City-St-Zip:	NICEVILLE, FL 32578	

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

I hereby certify that the information supplied with this filing does not qualify 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: GREGROY ALLEN CLARK MGRM 04/27/2008

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