

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000071985

**FILED**  
**Apr 09, 2010**  
**Secretary of State**

**Entity Name:** OKALOOSA ISLAND RESTORATION LLC

**Current Principal Place of Business:**

1612 18TH STREET  
NICEVILLE, FL 32578 US

**New Principal Place of Business:**

**Current Mailing Address:**

1612 18TH STREET  
NICEVILLE, FL 32578 US

**New Mailing Address:**

**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  
**Name:** CLARK, GREGORY A  
**Address:** 758 SEAHORSE AVENUE, OKALOOSA ISLAND  
**City-St-Zip:** FORT WALTON BEACH, FL 32548 US

**Title:** MGRM  
**Name:** TOWNSEND, DEREK D  
**Address:** 460 ABALONE CT  
**City-St-Zip:** FORT WALTON BEACH, FL 32548 US

**Title:** MGRM  
**Name:** MORGAN, THOMAS  
**Address:** P.O. BOX 251  
**City-St-Zip:** LOAMI, IL 62661 US

**Title:** MGRM  
**Name:** CLARK, MICHAL  
**Address:** 1232 J AVENUE  
**City-St-Zip:** PERRY, IA 50220

I hereby 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:** GREGORY ALLEN CLARK

MGRM

04/09/2010

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