

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90300 007 ****50.00

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DOCUMENT # L06000109203 1. Entity Name 2030, LLC					
Principal Place of Business 4460 LEGENDARY DRIVE SUITE 100 DESTIN, FL 32541			Mailing Address 4460 LEGENDARY DRIVE SUITE 100 DESTIN, FL 32541		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
01092007		Chg-LLC		CR2E083 (12/06)	
4. FEI Number 20-5877779				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NUNNALLY, BRUCE 4460 LEGENDARY DRIVE SUITE 100 DESTIN, FL 32541			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONERLY, TRACY		NAME		
STREET ADDRESS	4460 LEGENDARY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DESTIN, FL 32541		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FULMER, TIM		NAME		
STREET ADDRESS	4460 LEGENDARY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DESTIN, FL 32541		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NUNNALLY, BRUCE		NAME		
STREET ADDRESS	4460 LEGENDARY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DESTIN, FL 32541		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIGGS, STEVE		NAME		
STREET ADDRESS	4460 LEGENDARY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DESTIN, FL 32541		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Bruce A. Nunnally</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			2/5/07 <small>Date</small>		850-837-3141 <small>Daytime Phone #</small>