

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L98000001125

FILED  
Sep 28, 2006  
Secretary of State

**Entity Name:** A & E DEVELOPMENT OF NW FLORIDA, LLC

**Current Principal Place of Business:**

212-E HWY 98  
PORT ST JOE, FL 32456

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 159  
PORT ST JOE, FL 32457

**New Mailing Address:**

FEI Number: 59-3523218      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

PALMER, MORRIS  
210 HWY 98  
PORT ST JOE, FL 32456      US

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: MORRIS PALMER

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ANCHOR VACATION PROP, ERTIES, INC.  
Address: 119 FRANKLIN BLVD.  
City-St-Zip: ST. GEORGE ISLAND, FL 32328

Title: MGRM ( ) Delete  
Name: EAGLE CONSTRUCTORS, INC.  
Address: 212 E HWY 98  
City-St-Zip: PORT ST JOE, FL 32456

**ADDITIONS/CHANGES:**

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: MORRIS PALMER

MGRM

09/28/2006

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