

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000000803

**FILED**  
**Mar 22, 2010**  
**Secretary of State**

**Entity Name:** NW FLORIDA PROPERTIES, LLC

**Current Principal Place of Business:**

4737 PAPAYA PARK  
DESTIN, FL 32540 US

**New Principal Place of Business:**

**Current Mailing Address:**

4737 PAPAYA PARK  
DESTIN, FL 32541 US

**New Mailing Address:**

**FEI Number:** 59-3561230

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HELMICH, KEVIN M ESQUIRE  
4481 LEGENDARY DRIVE  
SUITE 200  
DESTIN, FL 32541 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:** HELMICH, KEVIN M  
**Address:** POST OFFICE BOX 5499  
**City-St-Zip:** DESTIN, FL 32540 US

**Title:** MGRM  
**Name:** BOWYER, KEVIN  
**Address:** 36474 EMERALD COAST PARKWAY, SUITE 1201  
**City-St-Zip:** DESTIN, FL 32541 US

**Title:** MGRM  
**Name:** DAVID, DON  
**Address:** 4737 PAPAYA PARK  
**City-St-Zip:** DESTIN, FL 32541 US

**Title:** MGRM  
**Name:** SMITH, GREGORY  
**Address:** 15 NORTH EGLIN PARKWAY  
**City-St-Zip:** FORT WALTON BEACH, FL 32548 US

**Title:** MGRM  
**Name:** WARD, MICHAEL  
**Address:** 21 LINWOOD DR  
**City-St-Zip:** FORT WALTON BEACH, FL 32547 US

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:** KEVIN M HELMICH

MGRM

03/22/2010

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