## **2003 LIMITED LIABILITY COMPANY** UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L9900000803



FILED Mar 18, 2003 8:00 am Secretary of State

Panalogia Place of Business   Mailing Address   COP Date Date	1. Entity Na	RIDA PROPERTIES, L	LC			03-18-200	3 90154 005 ***		00	
Sulfe, Apt. #, etc.  Sulfe, Apt. #, etc.  City & State  Cory A State  Country  Zip  Country  S. Certificate of Status Desired  S. Certificate of Status Desired  Fire Required  City  FL  Zip Code  Stroot Address of New Registered Agent  City  FL  Zip Code  Stroot Address of New Registered Agent  City  FL  Zip Code  Stroot Address of New Registered Agent  City  FL  Zip Code  Stroot Address of New Registered Agent  City  FL  Zip Code  Stroot Address of New Registered Agent  City  FL  Zip Code  Stroot Address of New Registered Agent  City  FL  Zip Code  Stroot Address of New Registered Agent  City  FL  Zip Code  Stroot Address of New Registered Agent  City  FL  Zip Code  Stroot Address of New Registered Agent  City  FL  Zip Code  Stroot Address of New Registered Agent  City  FL  Zip Code  Stroot Address of New Registered Agent  City  FL  Zip Code  Stroot Address of New Registered Agent  City  FL  Zip Code  Stroot Address of New Registered Agent  City  FL  Zip Code  Stroot Address of New Registered Agent  City  Tip  Make Check Registered Agent  Make Check Registered Agen	C/O KEVIN M. HELMICH P.O. BOX 5499		C/O DON DAVID P.O. BOX 354	C/O DON DAVID P.O. BOX 354			AAJH AANI AAJH AANI AAN	1 <b>171</b> 11 <b>60</b>	<b>11</b> 1181 1 <b>11</b> 1	
City & State  Ci	2. Principal	Place of Business	3. Mailing Address	3. Mailing Address						
Zip Country Zip Country	Suite, Apr	t. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HE	RE IF MAKING CHA	NGES		
S. Name and Address of Current Registered Agent  FLMICH, KEVIN M ESQ.  4481 LEGENDARY DRIVE, SUITE 200  DESTIN FL 32541  6. The aboven nemotic criticy submits this statement for the purpose of changing its projection of registered Agent.  FLEWING, Indiana, Indiana	City & Sta	ite	City & State	City & State						
File   ModRM	Zip Country		Zip	Country		5. Certificate of Status Desire		O Addi	itional	
Name		6. Name and Address	of Current Registered Agent	<u> </u>		7. Name and Address of New		•		
Addition   Stroot Address (P.O. Box Number is Not Acceptable)   Stroot Address (P.O. Box Number is Not Acceptable)	1 1000	MOU VENUE LA COO		Nar	me					
City FL   Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature   Signature	448	1 LEGENDARY DRIVE, S	UITE 200	Stre	Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature. hipsed or pritted name of registered agent.	DE	51IN FL 32541								
B. The above named only submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    TILE NOW!!! FEE IS \$50.00				City			FI Zi	p Code		
S. MANAGING MEMBERS MANAGERS 10. ADDITIONS / CHangE   Addition   MAME   MGRM	8. The above the obliga	e named entity submits this s tions of registered agent.	tatement for the purpose of changing its	registered offic	ce or registere	ed agent, or both, in the State of		with, a	nd accept	
S. MANAGING MEMBERS MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM   Delete   TITLE   MGRM   MGRM   Delete   TITLE   MGRM   Delete	SIGNATURE	Signature, typed or printed name of re	gistered agent and title if applicable. (NOT	E: Registered Agent s	signature required	when reinstation	DATE			
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  TITLE MGRM HELMICH, KEVIN M STREET ADDRESS CITY-ST-ZIP Delete MGRM DOBBY STREET ADDRESS CITY-ST-ZIP DELETE ADDRESS DESTIN FL 32540 TITLE MGRM DESTIN FL 32540 TITLE MAME SHIFT ADDRESS CITY-ST-ZIP TITLE MGRM DESTIN FL 32540 TITLE MAME SHIFT ADDRESS CITY-ST-ZIP TITLE MAME DESTIN FL 32540 TITLE MAME SHIFT ADDRESS CITY-ST-ZIP TITLE MAME SHIFT ADDRESS C			(10)	- Insgrotated rigotic	nghalaro roquired	#Holl following)	- DATE			
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES   Addition   MGRM			1						,	
MGRM						nt of State				
TITLE MGRM   Delete   TITLE   NAME   Change   Addition   NAME   Change   Change   Addition   NAME   Change   Change   Addition   NAME   Change   Change   Change   Addition   NAME   Change   Ch			Du	e By May 1, 2	2003				ĺ	
TITLE MGRM   Delete   TITLE   NAME   Delete   NAME   NAME   DESTIN FL 32540   STREET ADDRESS   CITY-ST-ZIP   DESTIN FL 32540   TITLE   NAME   DESTIN FL 32541   TITLE   NAME   DAVID, DON   DESTIN FL 32541   TITLE   NAME   DAVID, DON   STREET ADDRESS   DESTIN FL 32540   TITLE   NAME   DAVID, DON   STREET ADDRESS   DESTIN FL 32540   TITLE   NAME   DAVID, DON   STREET ADDRESS   DESTIN FL 32540   TITLE   NAME   DAVID, DON   STREET ADDRESS   DESTIN FL 32540   TITLE   NAME   DAVID, DON   STREET ADDRESS   DESTIN FL 32540   TITLE   NAME   DESTIN FL 32540   TITLE   DESTIN FL 32540   T	9.	MANAGIN	NG MEMBERS/MANAGERS	10.		ADDITION	S/CHANGES		·	
NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  NAME NAME STREET ADDRESS CITY-ST-ZIP  NAME NAME NAME NAME NAME NAME NAME NAM	TITLE	1 '	☐ Delete	TITLE				nange	☐ Addition	
CITY-ST-ZIP  DESTIN FL 32540  TITLE  MGRM BOWYER, KEVIN 36474 EMERALD COAST PARKWAY, SUITE 1201 DESTIN FL 32541  TITLE MGRM DAVID, DON STREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME			NAME				ango		
TITLE MGRM Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP DESTIN FL 32541  TITLE MGRM DAVID, DON STREET ADDRESS CITY-ST-ZIP DESTIN FL 32540  TITLE MGRM DAVID, DON STREET ADDRESS CITY-ST-ZIP DESTIN FL 32540  TITLE MGRM DAVID, DON STREET ADDRESS CITY-ST-ZIP DESTIN FL 32540  TITLE MGRM SMITH, GREGORY STREET ADDRESS CITY-ST-ZIP TITLE NAME SMITH, GREGORY STREET ADDRESS CITY-ST-ZIP FORT WALTON BEACH FL 32548  TITLE MGRM Delete STREET ADDRESS CITY-ST-ZIP TITLE NAME SITRET ADDRESS CITY-ST-ZIP FORT WALTON BEACH FL 32548  TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CI				STREET ADDRE	ESS				ĺ	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE MGRM DAVID, DON STREET ADDRESS CITY-ST-ZIP  TITLE MGRM SME DAVID, DON STREET ADDRESS CITY-ST-ZIP  TITLE MGRM SMITH, GREGORY SMITH, GREGORY STREET ADDRESS CITY-ST-ZIP  TITLE MGRM SMICHAEL STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			CITY-ST-ZIP						
NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE MGRM DAVID, DON NAME STREET ADDRESS CITY-ST-ZIP TITLE MGRM DAVID, DON STREET ADDRESS CITY-ST-ZIP TITLE MGRM DAVID, DON STREET ADDRESS CITY-ST-ZIP TITLE MGRM SIREET ADDRESS CITY-ST-ZIP TITLE MGRM WARD, MICHAEL SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE SIREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete	TITLE				ange	Addition	
CITY-ST-ZIP  DESTIN FL 32541  TITLE MGRM DAVID, DON STREET ADDRESS CITY-ST-ZIP  DESTIN FL 32540  TITLE NAME SMETH ADDRESS CITY-ST-ZIP  TITLE NAME SMITH, GREGORY STREET ADDRESS CITY-ST-ZIP FORT WALTON BEACH FL 32548  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP				NAME	İ		<del></del>			
TITLE NAME DAVID, DON P.O. BOX 354 STREET ADDRESS CITY-ST-ZIP DESTIN FL 32540 TITLE NAME STREET ADDRESS CITY-ST-ZIP DESTIN FL 32540 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELET CHANGE ADDRESS CITY-ST-ZIP AME STREET ADDRESS CITY-ST-ZIP AME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET	STREET ADDRESS	ieet address   36474 EMERALD COAST PARKWAY, SUITE 1201		STREET ADDRE	SS				ļ	
NAME STREET ADDRESS CITY-ST-ZIP DESTIN FL 32540  TITLE NAME SMITH, GREGORY STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			CITY-ST-ZIP					[	
STREET ADDRESS CITY-ST-ZIP  STREET ADDRESS CITY-ST-ZIP  TITLE MGRM Delete  TITLE NAME SMITH, GREGORY STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	1	☐ Delete	TITLE			Ch	ange	Addition	
CITY-ST-ZIP  DESTIN FL 32540  CITY-ST-ZIP  TITLE     MGRM				NAME						
MGRM   Delete   TITLE   NAME   STREET ADDRESS   TITLE   Delete   Delete   TITLE   Delete   Delete   Delete   TITLE   Delete   Delete   TITLE   Delete   Delete   TITLE   Delete   Delete   TITLE   Delete			Mary Townson		SS -	······································		<i>3</i> –	ĺ	
NAME STREET ADDRESS CITY-ST-ZIP FORT WALTON BEACH FL 32548  TITLE NAME STREET ADDRESS CITY-ST-ZIP	_			CITY-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete				☐ Ch	ange	☐ Addition	
CITY-ST-ZIP  FORT WALTON BEACH FL 32548  CITY-ST-ZIP  TITLE  MGRM  WARD, MICHAEL  STREET ADDRESS CITY-ST-ZIP  FORT WALTON BEACH FL 32547  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP			M14.V						}	
TITLE MGRM Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP FORT WALTON BEACH FL 32547  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TOTAL				SS				ĺ		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del></del>			GITY-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP FORT WALTON BEACH FL 32547  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  CHAnge TITLE NAME STREET ADDRESS CITY-ST-ZIP		'	☐ Delete				☐ Ch:	ange	☐ Addition ]	
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP					.				}	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP  Change Addition Addition			I EL 20547		SS				ļ	
NAME STREET ADDRESS CITY-ST-ZIP Craarge Addition Addition Addition CITY-ST-ZIP CITY-ST-ZIP		TONI WALIUN DEAUR								
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP			☐ Delete				Cha	ınge	☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP									1	
WIT OF EIT					SS					
		ortifu that the info	and and analysis of the second							

indicated on this report is true and accurate and that my signature shall have the same legal stated in Section 119.07(3)(1), Florida Statutes. I further certify that the informatic indicated on this report is true and accurate and that my signature shall have the same legal stated in Section 119.07(3)(1), Florida Statutes. I further certify that the informatic indicated on this report is true and accurate and that my signature shall have the same legal stated in Section 119.07(3)(1), Florida Statutes. I further certify that the informatic indicated in Section 119.07(3)(1), Florida Statutes.

NG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #