2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000001325

LINKSIDE AT WILD HERON, LLC

FILED Mar 01, 2006 08:00 AM **Secretary of State**

Principal Place of Business

1436 WILD HERON WAY

PANAMA CITY BEACH, FL 32413

Malling Address

1436 WILD HERON WAY PANAMA CITY BEACH, FL 32413



2/22/06

Davrime Phone #

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DO NOT WRITE IN THIS SPACE

01132006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0012786

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

SIGNATURE:

DO NOT WRITE IN THIS SPACE

				·-
 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 Spnaure, typed or printed name of registered agent and trife it applicable (NOTE Registered		Agent signature required when reinstaling)	DATE	
Fi De	iling Fee is \$50.00 ue by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAKE POWELL, LLC 18300 SCENIC HWY 98, SUITE B POINT CLEAR, AL 36564			H00000451132
NAME STREET ADDRESS CITY-ST-ZIP				000000451132 03/10/06-80039-009 50.00
NAME STREET ADDRESS C(TY-ST-Z(P			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN '	THIS SPACE
TITLE MANAE STREET ADDRESS CITY-ST-ZIP				
Title Name Street address City-St-tip				***
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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.				

Exed VP

SIGNATURE AND TYPES OR PRINTED NAME OF SENING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE