

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90329 030 ****55.00

DOCUMENT # M06000002734	
1. Entity Name PERDIDO POINTE DEVELOPMENT, L.L.C.	

Principal Place of Business 321 2ND AVENUE STE STE 400 DECATUR, AL	Mailing Address 321 2ND AVENUE STE STE 400 DECATUR, AL
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address PO Box 902
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Point Clear, AL	City & State
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Zip 36564	Country US
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00031630



02082007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-0483662	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SMITH, G. THOMAS 510 E ZARAGOZA STREET PENSACOLA, FL 32502

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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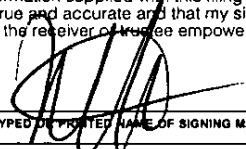
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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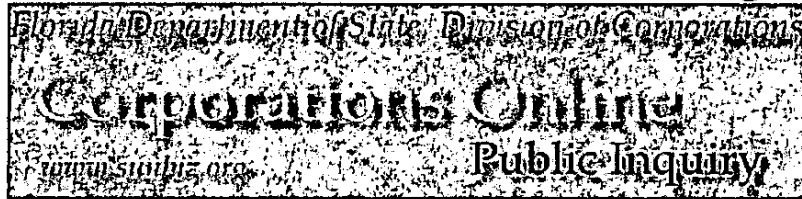
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCBRIDE, MARK A 321 2ND AVENUE STE STE 400 DECATUR, AL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 	Mark A. McBride Managing Member	Date 4/30/07	Daytime Phone #
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ATTACHMENT

60047245



Foreign Limited Liability

PERDIDO POINTE DEVELOPMENT, L.L.C.

PRINCIPAL ADDRESS

321 2ND AVENUE STE STE 400
DECATUR AL

MAILING ADDRESS

321 2ND AVENUE STE STE 400
DECATUR ALDocument Number
M06000002734FEI Number
200483662Date Filed
05/10/2006State
ALStatus
ACTIVEEffective Date
NONETotal Contribution
0.00

Registered Agent

Name & Address
SMITH, G. THOMAS 510 E ZARAGOZA STREET PENSACOLA FL 32502

Manager/Member Detail

Name & Address	Title
MCBRIDE, MARK A 321 2ND AVENUE STE STE 400 DECATUR AL	MGRM

Annual Reports

Report Year	Filed Date
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ATTACHMENT

60047245
M06 00002734

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05/10/2006 -- Foreign Limited

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