

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000002032

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Entity Name:** AGBL FT. WALTON BEACH OWNER, L.L.C.

**Current Principal Place of Business:**

ANGELO,GORDON & CO. LP  
245 PARK AVE 26TH FLOOR  
NEW YORK, NY 10167

**New Principal Place of Business:**

ANGELO,GORDON & CO. LP  
245 PARK AVE 26TH FLOOR  
NEW YORK, NY 10167 US

**Current Mailing Address:**

ANGELO,GORDON & CO. LP  
245 PARK AVE 26TH FLOOR  
NEW YORK, NY 10167

**New Mailing Address:**

ANGELO,GORDON & CO. LP  
245 PARK AVE 26TH FLOOR  
NEW YORK, NY 10167 US

**FEI Number:** 27-3514697

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: ANGELO,GORDON & CO.LP  
Address: 245 PARK AVE 26TH FLOOR NEW YORK NY 10167  
City-St-Zip: NEW YORK, NY 10167 US

Title: MGRM  
Name: WOLFE, FOREST  
Address: 245 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10167 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: FOREST WOLFE

MGRM

04/18/2011

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