## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L00000007411

1. Entity Name

INTERCOMMUNITY HOLDING CO., L.L.C.



**FILED** Apr 25, 2006 08:00 AN Secretary of State

Fee Required

Principal Place of Business

301 SOUTH LAKE ST LEESBURG, FL 34748 Mailing Address

301 SOUTH LAKE ST LEESBURG, FL 34748



DO NOT WRITE IN THIS SPACE

02142006 No Chg-LLC CR2E083 (11/05)

Applied For 4. FEI Number 59-3654057 Not Applicable \$5.00 Additional 5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

JACOBSON, STEWART ESQ 950 SOUTH FEDERAL HIGHWAY HOLLYWOOD, FL 33020

This was the first the community way. DO NOT WRITE IN THIS SPACE

	e named entity submits this statement for the purpose of chang tions of registered agent.	ing its registered office or registered agent, or bo	th, in the State of Florida.	am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title it applicable.	(NOTE, Rogistared Agent signature réquired when reinstating)	, D	ATÉ	

## Filing Fee is \$50.00 Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JACOBSON, HAL M 301 SOUTH LAKE ST LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JACOBSON, JYMMIE 33809 OVERTON DR LEESBURG, FL 34788
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	

05/06/06-80066-007 50.00

## DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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 revenue or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:					
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SIGNATURE AL RINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #