2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State
04-17-2006 90041 015 ****55.00

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1. Entity Name
FL CANAL HOMES, LLC

Principal Place of Business	Mailing Address
28 ALLAMANDA AVE KEY WEST, FL 33040	1164 LOGGERHEAD LANE SUGARLOAF, FL 33042

04102006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
	705 SEA DUCK DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: DAYTONA BEACH FL
Zip / Country	Zip: 32119 / Country: VOLUSIA

4. FEI Number: 65-1140963 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DEDEK, JEANNETTE F 1164 LOGGERHEAD LANE SUGARLOAF, FL 33042	Name: SAME AGENT Street Address (P.O. Box Number is Not Acceptable): 705 SEA DUCK DRIVE City: DAYTONA BEACH FL Zip Code: 32119

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: Jeannette F Dedek JEANNETTE F. DEDEK DATE: 4-11-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEDEK, JEANNETTE F 1164 LOGGERHEAD LANE SUGARLOAF, FL 33042 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME SAME NAME 705 SEA DUCK DR 32119 DAYTONA BEACH 32119 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Jeannette F. Dedek JEANNETTE F. DEDEK 386-761-6688
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date: 4-11-2006 Daytime Phone #