


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 07, 2006 8:00 am**  
**Secretary of State**

08-07-2006 90110 025 \*\*\*\*50.00

**DOCUMENT # L05000003669**

1. Entity Name  
**MARIPOSA GARDENS OF CENTRAL FLORIDA LLC**



Principal Place of Business  
**1434 E. GORE STREET  
 APT. C  
 ORLANDO, FL 32806**

Mailing Address  
**P.O. BOX 533907  
 ORLANDO, FL 32853**

2. Principal Place of Business  
**2509 Raehn St.  
 Orlando, FL**

3. Mailing Address  
**P.O. Box 533907  
 Orlando, FL**

City & State  
**Orlando, FL**


City & State  
**Orlando, FL**

Zip  
**32806**

Country  
**USA**

Zip  
**32853**

Country  
**USA**



07312006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**20-2291308**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CRUMB, CHRISTOPHER S  
 1434 E. GORE STREET  
 APT. C  
 ORLANDO, FL 32806**


**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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:  **7.30.06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00 Due by September 6, 2006**

**Make check payable to Florida Department of State**


**9. MANAGING MEMBERS / MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CRUMB, CHRISTOPHER S 1434 E. GORE STREET APT. C ORLANDO, FL 32806	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CRUMB, MOLLY A 1434 E. GORE STREET APT. C ORLANDO, FL 32806	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS / CHANGES**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Christopher S Crumb 2509 Raehn St. Orlando, FL 32806	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Molly A Crumb 2509 Raehn St. Orlando, FL 32806	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> 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:  **7.30.06 407.896.0529**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #