

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000014402

Entity Name: 166 BURGANDY DRIVE, LLC

FILED  
Jan 27, 2007  
Secretary of State

**Current Principal Place of Business:**

P.O. BOX 373191  
KEY LARGO, FL 33037

**New Principal Place of Business:**

243 OCEAN DRIVE  
TAVERNIER, FL 33070

**Current Mailing Address:**

P.O. BOX 373191  
KEY LARGO, FL 33037

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

JONATHAN H. GREEN & ASSOCIATES, P.A.  
799 BRICKELL PLAZA, STE. 700  
MIAMI, FL 33131 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 ( ) Delete  
Name: HODES, MICHAEL P  
Address: 243 OCEAN DRIVE  
City-St-Zip: TAVERNIER, FL 33070

Title: MGRM ( ) Delete  
Name: HODES, TANA M  
Address: 243 OCEAN DRIVE  
City-St-Zip: TAVERNIER, FL 33070

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: MICHAEL P HODES                      OWN                      01/27/2007

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