2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L00000004428

1. Entity Name
CHERRY POINT VILLAS, L.L.C.

Principal Place of Business	Mailing Address
PO BOX 552290	PO BOX 552290
DAVIE, FL 33355 US	DAVIE, FL 33355 US

DO NOT WRITE IN THIS SPACE

04202006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number		Applied For
65-1004431		Not Applicable

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

6. Name and Address of Current Registered Agent

FULLER, STEVEN E
FULLER, WITCHER & COMPANY, P.A.
2953 W CYPRESS CREEK RD STE 200
FORT LAUDERDALE, FL 33309-1765

DO NOT WRITE
IN THIS SPACE

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_____

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 May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	JONES, PAUL
STREET ADDRESS	PO BOX 552290
CITY-ST-ZIP	DAVIE, FL 33355
TITLE	MGR
NAME	JONES, SHIRLEY
STREET ADDRESS	PO BOX 552290
CITY-ST-ZIP	DAVIE, FL 33355
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	

L00000564024
05/20/06-80041-005 50.00

DO NOT WRITE
IN THIS SPACE

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: x _Paul Jones_   x PAUL JONES   x 5/1/06   x 954-895-5812

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