

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90177 033 \*\*\*\*50.00

**DOCUMENT # L00000004586**

1. Entity Name  
**SHALIMAR VILLAGE, LLC**



Principal Place of Business  
**902 CLINT MOORE ROAD  
146  
BOCA RATON, FL 33487 US**

Mailing Address  
**902 CLINT MOORE ROAD  
146  
BOCA RATON, FL 33487 US**



01312006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1003900**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

**WILLIAMSON, DANIEL C  
12581 NW 75 STREET  
PARKLAND, FL 33076**

**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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMSON, DAN JR 12581 NW 75 STREET PARKLAND, FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMSON, DAN SR 1844 NO NO6 HILL ROAD, PMB BOX 404 PLANTATION, FL 33322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:** *Don Williamson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*- mm 2/10/06 561-997-0400*

Date

Daytime Phone #