

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000006137

FILED  
Jan 13, 2006  
Secretary of State

Entity Name: VANACORE RESIDENTIAL PROPERTIES, LLC

**Current Principal Place of Business:**

1450 N. US HIGHWAY #1 #700  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

1450 N. US HIGHWAY #1 #700  
ORMOND BEACH, FL 32174

**New Mailing Address:**

FEI Number: 59-3727926

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

VANACORE, TODD  
1450 N. US HIGHWAY 1 #700  
ORMOND BEACH, FL 32174 US

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

HAYES, TERRI S  
1450 N. US HIGHWAY 1 #700  
ORMOND BEACH, FL 32174 US

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: TERRI S. HAYES

01/13/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: VANACORE, TODD  
Address: 1450 N. US HIGHWAY 1 #700  
City-St-Zip: ORMOND BEACH, FL 32174

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MGRM ( ) Change (X) Addition  
Name: VANACORE, SCOTT  
Address: 1450 N US HIGHWAY 1 # 700  
City-St-Zip: ORMOND BEACH, FL 32174

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: TODD VANACORE

MGRM

01/13/2006

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