

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000009518	
1. Entity Name SANTA ROSA COTTAGES, LLC	

Principal Place of Business 222 S. PENNSYLVANIA AVENUE, SUITE 200 WINTER PARK, FL 32789	Mailing Address 222 S. PENNSYLVANIA AVENUE, SUITE 200 WINTER PARK, FL 32789
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DO NOT WRITE IN THIS SPACE

01052006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3685227	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**SALTSMAN, ROBERT P P.A.
222 S. PENNSYLVANIA AVENUE, SUITE 200
WINTER PARK, FL 32789**

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

**Filing Fee is \$50.00
Due by May 1, 2006**

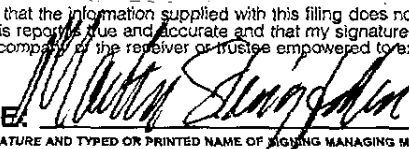
9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	STRINGFELLOW, MARTIN B
STREET ADDRESS	222 S. PENNSYLVANIA AVENUE, SUITE 200
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	MGRM
NAME	STRINGFELLOW, JACK
STREET ADDRESS	222 S. PENNSYLVANIA AVENUE, SUITE 200
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/17/06-80002-020 50.00

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

Date

Daytime Phone #

1/9/06