


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90056 040 \*\*\*\*\*50.00

<b>DOCUMENT # L01000000360</b> 1. Entity Name <b>INDIGO PRESERVE, LLC</b>					
Principal Place of Business 9220 BONITA BEACH RD. SUITE 215 BONITA SPRINGS, FL 34235			Mailing Address 9220 BONITA BEACH RD. SUITE 215 BONITA SPRINGS, FL 34235		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROSBOROUGH, KAREN 9220 BONITA BEACH RD., #215 BONITA SPRINGS, FL 34135			Name <u>Denise A. Sparta</u> Street Address (P.O. Box Number is Not Acceptable) <u>9220 Bonita Beach Rd. Ste 215</u> City <u>Bonita Springs</u> <u>FL</u> Zip Code <u>34135</u>		
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 <u>Denise A. Sparta</u>		SIGNATURE <u>Denise A. Sparta</u>		DATE <u>1/12/06</u>	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SAUNDRY ASSOCIATES, INC. 8310 BIG ACORN CIRCLE #1001 NAPLES, FL 34119		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Saundry Associates, Inc. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9220 Bonita Beach Rd. Ste 215 Bonita Springs, FL 34135	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>[Signature]</u>			DATE <u>1/12/2006</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		