## **2006 LIMITED LIABILITY COMPANY**

## **FILED ANNUAL REPORT** Jan 23, 2006 08:00 AM **DOCUMENT # L01000017788 Secretary of State** INDIGO SANFORD LLC Principal Place of Business Mailing Address 1530 CORNERSTONE BLVD. P.O. BOX 10809 **STE 100** DAYTONA BEACH, FL 32120-0809 DAYTONA BEACH, FL 32117 01132006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent APGAR, ROBERT F DO NOT WRITE 1530 CORNERSTONE BLVD **STE 100** IN THIS SPACE DAYTONA BEACH, FL 32117 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, 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 INDIGO DEVELOPMENT, INC. NAME STREET ADDRESS 1530 CORNERSTONE BLVD. STE 100 1/000**00399688** 02/01/06-80023-007 **50.**00 CITY-ST-ZIP DAYTONA BEACH, FL 32117 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS COTY-ST-ZIP

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.

Indigo Development Inc. as managing general partner SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

386-274-2202

Davrime Phone #