

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000017894

1. Entity Name
LANCASTER HOMES, L.L.C.



Principal Place of Business
**1150 NW 72ND AVENUE, PH-2
AIRPORT EXECUTIVE TOWER, H1
MIAMI, FL 33126**

Mailing Address
**1150 NW 72ND AVENUE, PH-2
AIRPORT EXECUTIVE TOWER, H1
MIAMI, FL 33126**



04172006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
65-1146050

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BRODIE, SIDNEY Z
7270 NW 12TH STREET
PH-1
MIAMI, FL 33126**

**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	MGR RODRIGUEZ, EDUARDO 7270 NW 12TH STREET MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REYES, RAFAEL 7270 NW 12TH STREET MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MIRANDA, DANIEL 7270 NW 12TH STREET MIAMI, FL 33126
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000550213
05/13/06-80050-015 50.00

**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: _____

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

04/04/2006

Date

305-513 0501

Daytime Phone if