

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90076 042 ****50.00

DOCUMENT # L02000003687

1. Entity Name
DOVE CREEK LODGE, LLC



Principal Place of Business

**147 SEASIDE AVE
KEY LARGO, FL 33037**

Mailing Address

**147 SEASIDE AVE
KEY LARGO, FL 33037**

20024133



01132006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
82-0542932

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KOLBENHEYER, HOWARD
139 SEASIDE AVE
KEY LARGO, FL 33037**

**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
**MGRM
PERRY, CRAIG
825 CORAL RIDGE DR
CORAL SPRINGS, FL 33071**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
KATSIKAS, PAUL
12390 SW 82ND AVE
MIAMI, FL 33156**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
REARDON, ERIC
18629 SW 107TH AVE
MIAMI, FL 33157**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
KOLBENHEYER, HOWARD
139 SEASIDE AVE
KEY LARGO, FL 33037**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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

03

29

06

305-852-5956

Date

Daytime Phone #