2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

DOCUNENT # L02000007094 1. Entity Name LOXAHATCHEE LANDCO, LLC Principal Place of Business 1551 SHORELANDS DRIVE EAST VERO BEACH FL 32963 Mailing Address 1551 SHORELANDS DRIVE EAST VERO BEACH FL 32963			Secretary of State
		DRIVE EAST	
2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #. efc.		1st MOORE
City & State	City & State		4. FEI Number NO-T APPLICABLE Applied For Not Applicat
Zip Country	Zip	Country	5. Certificate of Status Desired
6. Name and Address of Cu	rrent Registered Agent	Name	7. Name and Address of New Registered Agent
WALKER, LAWRENCE R 1551 SHORELANDS DRIVE VERO BEACH FL 32963	EAST		ess (P.O. Box Number is Not Acceptable)
		City	FL Zip Code
The above named entity submits this statem the obligations of registered agent.	ent for the purpose of changing its	s registered office or reg	istered agent, or both, in the State of Florida I am familiar with, and accep-
SIGNATURE Signature, typed or printed name of registered		TE Registered Agent signalure re	
	Make Check Payat	OW!!! FEE IS \$50. ble to Florida Depart ue By May 1, 2006	ment of State
	EMBERS/MANAGERS	16.	ADDITIONS/CHANGES
INLE MGRM NAME WALKER, LAWRENCE STREET ADDRESS 1551 SHORELANDS DRIVE, E CITY-ST-ZIP VERO BEACH FL 32963	☐ Delete	INTLE NAME STREET ADDRESS CITY-ST-ZIP	U00000551988 05/13/06-80120-025 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Colete	THEE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
THE NAME STREET ADDRESS CITY-ST-ZIP	Oclete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Dolele	TISLE NAME STRICT ADDRESS GITY-S1-ZIP	☐ Change ☐ Addition
THE NAME STREET ADDRESS CITY-SI-ZIP	☐ Oeleie	TITLE MAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE MAME STREET ADDRESS CITY-S1-ZIP	☐ Dolete	ITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 trability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NATURE: SENSENCE X WILLIAM LAWRENCE R WALKER 4-17-06 772-770