

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000009893

1. Entity Name

CANDLEWOOD COURT, LLC



Principal Place of Business

**516 LAKEVIEW ROAD, UNIT B
CLEARWATER, FL 33756-3302**

Mailing Address

**516 LAKEVIEW ROAD, UNIT B
CLEARWATER, FL 33756-3302**



01172006 No Chg- LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
02-0591517**

**Applied For
Not Applicable**

**5. Certificate of Status Desired ☒ \$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FLYNN, THOMAS F
516 LAKEVIEW ROAD, UNIT B
CLEARWATER, FL 33756-3302**

**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 reappointing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

**TITLE MGRP
NAME FLYNN, THOMAS F
STREET ADDRESS 516 LAKEVIEW ROAD #8
CITY-ST-ZIP CLEARWATER, FL 33756**

**TITLE VP
NAME FLYNN, KEVIN T
STREET ADDRESS 516 LAKEVIEW ROAD #8
CITY-ST-ZIP CLEARWATER, FL 33756**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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CITY-ST-ZIP**

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03/07/06-80034-017 55.00

**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:

Kevin T. Flynn, Vice President

2/20/06 (727) 449 182

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

Date

Daytime Phone #