


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 21, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000011687**

1. Entity Name  
**NARANJA LAKES HOLDINGS, LLC**



Principal Place of Business <b>14600 S.W. 136 STREET          MIAMI, FL 33186 US</b>	Mailing Address <b>111 S.W. 3RD STREET          SIXTH FLOOR          MIAMI, FL 33130 US</b>
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**DO NOT WRITE IN THIS SPACE**



02072006No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>02-0610331</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**HARRIS, ELLIOTT  
 111 SW 3RD STREET, 6TH FLOOR  
 MIAMI, FL 33130**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAY, LLC %1350 PEACHTREE ST NE #1000 ATLANTA, GA 30309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ORANGE LAKES DEVELOPMENT, INC. 14600 SW 136 STREET MIAMI, FL 33186
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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:** *Elliot Harris* **Authorized Representative** **2/16/06** **(305) 358-0146**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #