## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 13, 2006 8:00 am Secretary of State **DOCUMENT #L02000019413** 04-13-2006 90029 044 \*\*\*\*50.00 SUNBELT AT HILTON HEAD, L.C. Mailing Address Principal Place of Business ~VU&31U7 C/O JACK F. STEPHENSON C/O JACK F. STEPHENSON 100 MADRID BLVD, #212 100 MADRID BLVD, #212 PUNTA GORDA, FL 33950 PUNTA GORDA, FL 33950 2. Principal Place of Business 3. Mailing Address 24420 SANDHIII BLYD 24420 SAND HILL Suite, Apt. #, etc. Suite, Apt. #, etc. 01182006 Chg-LLC CR2E083 (11/05) ハ3 103 Applied For 4. FEI Number City & State Punta Gorde Unta Gorda 04-3730297 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEPHENSON, JACK F Street Address (P.O. Box Number is Not Acceptable) 100 MADRID BLVD **SUITE 213** 24420 SANDHILI BLYD #103 PUNTA GORDA, FL 33950 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, typed or project name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 24420 SANDHILL BLYD #103 ☐ Addition MGRM Delete TITLE TITLE STEPHENSON, JACK F NAME NAME STREET ADDRESS 100 MADRID BLVD STREET ADDRESS Punta Gorda, FL 33983 24420 SANDHILL BLVD. # 103 PUNTA GORDA, FL 33950 CITY-ST-ZIP CITY-ST-7/P MGRM ☐ Delete TITLE TITLE JOHNS, ALFRED M NAME NAME STREET ADDRESS 100 MADRID BLVD STREET ADDRESS PuntA Gorda, FL 33983 CITY-ST-78P PUNTA GORDA, FL 33950 CITY-ST-ZIP ☐ Addition TITI F Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F ☐ Delete NAME MAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CLT-ST-ZIP CITY-ST-ZIP 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 it made under oath; that I am a managing member or manager of the limited liability company or the received or trustee employed to execute this report as required by Chapter 608, Florida Statutes.

JACK STEPHI SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE SIGNATURE:

JACK STEPHENSON

**FILED** 

<u>4/7/06 (941)766-802</u>8