2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 17, 2006 8:00 am Secretary of State 04-17-2006 90052 019 ****50.00

DOCUMENT # L02000020605 1. Entity Name IRONWOOD HOMES OF LAKE CITY, LLC						04-17-2000	90032 (019 30	J.00		
Principal Place 4109 UNITES LAKE CITY, FI	STATES HIGHWAY 90 WEST	Ţ	Mailing Address 12788 U.S. 90 WEST LIVE OAK, FL 32060				1 11 1 77 11 1 11 1	3118 (1817 88 711 88 31) 88 11			1111 III I I II
2. Principal P	lace of Business		3. Mailing Address								
Suite, Apt. #, etc.		,	Suite, Apt. #, etc.				03312006	Chg-LLC	CR2E	083 (11/05)	
City & State			City & State				4. FEI Number 13-4207			<u> </u>	oplied For ot Applicable
Zip	Country		Zip Countr		try		5. Certificate of	of Status Desired		\$5.00 Add Fee Require	
	6. Name and Address of	f Current R	egistered Agent				7. Name and	Address of New F	Registered	Agent	
ROBINSON, KRIS B 582 WEST DUVAL STREET LAKE CITY, FL 32055					Name Street Address (P.O. Box Number is Not Acceptable)						
DAKE OIT	1,1 6 32033	÷ .,									
					City				FI	Zip Cod	е
	named entity submits this sta ions of registered agent.	atement for t	he purpose of changing its	registere	ed office or	registere	ed agent, or both	, in the State of Flo	orida. I am	n familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of regi	istarad agant ag									
		era an aftark an	d title if applicable. (NOT	E: Registere	d Agent signati.	re required	when reinstating)	•	DATE		
Fi Di	ling Fee is \$50.00 ue by May 1, 2006		d title (I applicable. (NOT)	E: Registere	d Agent signati	ve required	when reinstating)		ke check	payable to nent of Stat	e
Fi Do	ling Fee is \$50.00 ue by May 1, 2006		d title if applicable. (NOT)	E: Registered	d Agent signati	we required	when reinstating)		ce check a Departr	nent of Stat	0
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9. TITLE NAME STREET ADDRESS	MANAGING PS FRIER, MATTHEW 12788 US 90 WEST		S/MANAGERS	10. TITLE NAME STREE CITY TITLE NAME STREE	E E EFT ADDRESS -ST-ZIP	ura required	when reinstating)	Florid	ce check a Departr	nent of Stat	
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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: To AL Frid SIGNATURE AND TYPED OR PRINTED NAME OF SKYLING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

386-362-2720

Daytime Phone #