

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90052 033 \*\*\*\*55.00

DOCUMENT # L02000021509  
 1. Entity Name  
 NARANJA LAKES CONSTRUCTION, LLC



Principal Place of Business      Mailing Address  
 14600 SW 136 STREET      14600 SW 136 STREET  
 MIAMI, FL 33186      MIAMI, FL 33186



02062006No Chg-LLC      CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 55-0804519	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
 HARRIS, ELLIOTT  
 111 S.W. 3RD STREET, 6TH FLOOR  
 MIAMI, FL 33130

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEDGE, SCOTT 1153 TOWN CENTER DRIVE, #202 JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <del>RAMIRO, LUIS</del> DELETE <del>14600 SW 136 STREET</del> <del>MIAMI, FL 33186</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAY CASTELLANOS      ADD 14600 SW 136 Street Miami, Florida 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: *Elliott Harris*      Authorized Representative      3/15/06      (305) 358-0146  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #