


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000028772  
1. Entry Name  
AUDUBON VILLAS LLC



Principal Place of Business      Mailing Address  
13907 CARROLLWOOD VILLAGE RUN      13907 CARROLLWOOD VILLAGE RUN  
TAMPA, FL 33618      TAMPA, FL 33618

**DO NOT WRITE IN THIS SPACE**



03212006 No Chg-LLC      CR2E083 (11/05)

4. FEI Number      Applied For  
16-1638940      Not Applicable

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

6. Name and Address of Current Registered Agent  
FAIRBANKS, GARY  
13907 CARROLLWOOD VILLAGE RUN  
TAMPA, FL 33618

**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 re-registering)

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RAPPAPORT, ALEXANDER G 13907 CARROUWOOD VILLAGE RUN TAMPA, FL 33618
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000001482431  
04/11/06 00074-017 50.00

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: A.G. RAPPAPORT      3-27-06      813-269-0899  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Diverse Phone #