


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90417 020 ****50.00

DOCUMENT # L02000030727 1. Entity Name L & L RESIDENTIAL, LLC					
Principal Place of Business 2526 GOTHAM WAY VALRICO, FL 33594			Mailing Address PO BOX 1146 SEFFNER, FL 33583-1146		
2. Principal Place of Business 4007 FONTANA PLACE			3. Mailing Address 		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State VALRICO FL			City & State		
Zip 33594		Country USA		Zip	
Country		Zip		Country	
6. Name and Address of Current Registered Agent PARMENTIER, LAWRENCE E 810 CUTLER DR. SEFFNER, FL 33584				7. Name and Address of New Registered Agent Name PARMENTIER, LAWRENCE E. Street Address (P.O. Box Number is Not Acceptable) 4007 FONTANA PLACE City VALRICO FL Zip Code 33594	
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 <u>LAWRENCE E PARMENTIER</u> <u><i>Lawrence E Parmentier</i></u> <u>2/21/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARMENTIER, LAWRENCE 810 CUTLER DR SEFFNER, FL 33584 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARMENTIER, LAWRENCE E 4007 FONTANA PLACE VALRICO, FL 33594 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM L. E. PARMENTIER, HEIDI 4007 FONTANA PLACE VALRICO, FL 33594 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Lawrence E Parmentier</i></u>			<u>2/21/06</u> <u>813-363-0533</u> <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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02212006 Chg-LLC CR2E083 (11/05)

4. FEI Number **02-0653349** Applied For ☐ Not Applicable ☐

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