

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031211

FILED
Jun 28, 2006
Secretary of State

Entity Name: MAMIE LAKE ESTATES, LLC.

Current Principal Place of Business:

116 BEACH ST
PONCE INLET, FL 32127

New Principal Place of Business:

Current Mailing Address:

116 BEACH ST
PONCE INLET, FL 32127

New Mailing Address:

FEI Number: 01-0755953 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GREENE, ROBERT N HR
116 BEACH ST
PONCE INLET, FL 32127 US

Name and Address of New Registered Agent:

GREENE, ROBERT N JR
116 BEACH ST
PONCE INLET, FL 32127 US

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.

SIGNATURE: ROBERT N GREENE, JR

06/28/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GREENE, ROBERT N JR.
Address: 116 BEACH ST
City-St-Zip: PONCE INLET, FL 32127

Title: MGR (X) Delete
Name: ROBERT, GREENE N
Address: 644B NORTH WOODLAND BLVD
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT N GREENE, JR

MGR

06/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date