

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000033419

Entity Name: ARMADILLO ACRES, LLC

FILED
Sep 05, 2006
Secretary of State

Current Principal Place of Business:

7221 NW 18TH AVE.
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

134 NORTH REVERE ROAD
AKRON, OH 44333

New Mailing Address:

FEI Number: 20-0532763 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:

Name and Address of New Registered Agent:

GRAVENSTEIN, NIKOLAUS
7221 NW 18TH AVENUE
GAINESVILLE, FL 32605 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GRAVENSTEIN, NIKOLAUS
Address: 7221 NW 18TH AVE.
City-St-Zip: GAINESVILLE, FL 32605

Title: MGR () Delete
Name: PASTIS, ALIX G
Address: 134 N. REVERE ROAD
City-St-Zip: AKRON, OH 44333

Title: MGR () Delete
Name: PASTIS, MENELAOS J
Address: 171 GRANGER ROAD, UNIT 153
City-St-Zip: MEDINA, OH 44256

ADDITIONS/CHANGES:

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

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: ALIX G. PASTIS

MGR

09/05/2006

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