

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034528

FILED
May 11, 2005
Secretary of State

Entity Name: IMPERIAL LAKES GOLF CLUB HOMESITES, LLC

Current Principal Place of Business:

1120 PINELLAS BAYWAY, #110
TIERRA VERDE, FL 33715

New Principal Place of Business:

6807 BUFFALO ROAD
PALMETTO, FL 34221

Current Mailing Address:

1120 PINELLAS BAYWAY, #110
TIERRA VERDE, FL 33715

New Mailing Address:

6807 BUFFALO ROAD
PALMETTO, FL 34221

FEI Number: 59-3212828 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:

CUETO, OLGA
1120 PINELLAS BAYWAY, #110
TIERRA VERDE, FL 33715 US

Name and Address of New Registered Agent:

CUETO, OLGA
6807 BUFFALO ROAD
PALMETTO, FL 34221 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: OLGA CUETO

05/11/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: IMPERIAL LAKES GOLF, CLUB HOMESITES, LLC
Address: 1120 PINELLAS BAYWAY S. #110
City-St-Zip: TIERRA VERDE, FL 33715

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: IMPERIAL LAKES GOLF, CLUB HOMESITES, LLC
Address: 6807 BUFFALO ROAD
City-St-Zip: PALMETTO, FL 34221

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: OLGA CUETO

P

05/11/2005

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