2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Mar 13, 2006 8:00 am Secretary of State

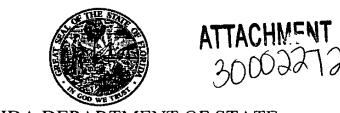
DOCUMENT # L03000002094 1. Entity Name					02-22-2006 901 09 040 ****50.00			
GREAT CORNERS, L.L.C.								
Principal Place of Business Mailing Address								
2164 GENOVA DR. OVIEDO FL 32765		2164 GENOVA DR. OVIEDO FL 32765						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E083 (10/05)			
City & State		City & State			4. FEI Number 81-0591425		plied For t Applicable	
Zip	Country	Zip	Zip Country		5. Certificate of Status Desired \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent			
				Name ·				
216	SSAR, MARC 4 GENOVA DRIVE		Street Address		(P.O. Box Number is Not Acceptable)			
OVIEDO FL 32765								
				City	FL Zip Code			
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 Signature, typind or printed rigime of repictived agains and side is pophicable. [NOTE: Repsiered Agent signature required when remailuring) OATE								
FILE NOW!			W!!!sFE	EE IS \$50.00				
	.r	Due By May 1, 2006						
9.	· MANAGING MEMBE	Hardwick to the control of the contr			ADDITIONS/CHANGES			
TITLE	MGRM	☐ Oalete	TITLE			Change	Addition	
NAME	MASSAR, MARC		NAME					
STREET ADDRESS CITY-ST-ZIP	2164 GENOVA DRIVE		STREET CITY-S	ADDRESS				
TITLE	OVIEDO FL 32765 MGRM	☐ Delete	TITLE	,, , , , , , , , , , , , , , , , , , ,		Change	Addition	
HAME	SMALLEY, JERRY M	C Other	NAME	ì				
STREET ADDRESS	237 S WESTMONTE DR			ADDRESS	للم ويسترمها لله		 - · ·	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		CITY-S					
TITLE .	 •	. Delate	TITLE_	•		Change_	Addition .	
STREET ADDRESS			4	ADDRESS				
CITY-S1-ZIP			CITY-S	T-29				
TITLE		☐ Delete	TITLE			Change	Addition	
NAME			NAME	T ADDRESS				
STREET ADDRESS			CULA					
TITLE		☐ Delete	TITLE			Change	☐ Addition	
NAME			NAME				_	
STREET ADDRESS				ADDRESS	-		- 1	
CITY-ST-ZIP			CITY-S	31- ZIF		☐ Change	Addition	
TITLE		☐ Delete	HAME			□ m inge	Addition	
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP		- 	CITY - S	ST- ZIP				

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPES OR PROTITIO HAME DESCRIFTING MANAGING MEMBER, MANAGER, OR AUTHORIZZED REPRESENTATIVE

DOING PROTITION OF DESCRIPTION OF DESC



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 24, 2006

GREAT CORNERS, L.L.C. 2164 GENOVA DR. OVIEDO, FL 32765

Subject: GREAT CORNERS, L.L.C.

Reference Number:

L03000002094

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MH ANNUAL REPORTS SECTION