

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000007992

FILED
Jul 25, 2006
Secretary of State

Entity Name: ENCLAVE AT CYPRESS LAKES L.L.C.

Current Principal Place of Business:

2715 EAST OAKLAND PARK BLVD.,
SUITE 201
FORT LAUDERDALE, FL 33306

New Principal Place of Business:

Current Mailing Address:

2715 E. OAKLAND PARK BLVD
SUITE 201
FORT LAUDERDALE, FL 33306

New Mailing Address:

FEI Number: 01-0770284 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:

PINNACLE CONSTRUCTION OF FORT LAUDERDALE,
2715 E. OAKLAND PARK BLVD
SUITE 201
FT. LAUDERDALE, FL 33306 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:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: LESOUSKY, JOHN
Address: 2715 EAST OAKLAND PARK BLVD., STE. 201
City-St-Zip: FORT LAUDERDALE, FL 33306

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

Title: MGR () Delete
Name: LESOUSKY, JOHN
Address: 2715 EAST OAKLAND PARK BLVD., STE. 201
City-St-Zip: FORT LAUDERDALE, FL 33306

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: JOHN LESOUSKY

MGR

07/25/2006

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