

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000014262

1. Entity Name
EAST COUNTY LANDVEST, LLC



Principal Place of Business

3401 WILDERNESS BLVD. WEST
PARRISH, FL 34219

Mailing Address

3401 WILDERNESS BLVD. WEST
PARRISH, FL 34219



02202006 No Chg-LLC

CR2E083 (1/1/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0020944

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARNES, GARRET T
BARNES WALKER CHARTERED
3119 MANATEE AVE. WEST
BRADENTON, FL 34205

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HERRON, BRIAN
STREET ADDRESS	3401 WILDERNESS BLVD. WEST
CITY-ST-ZIP	PARRISH, FL 34219

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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

BRIAN M. HERRON 3/17/06 941 746-5355