


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000020246</b> 1. Entity Name <b>RESIDENTIAL HOUSING DEVELOPMENT, LLC</b>					
Principal Place of Business <b>1555 PALM BEACH LAKES BLVD SUITE 1100 WEST PALM BEACH FL 33401</b>			Mailing Address <b>C/O FLORIDA MANAGEMENT COMPANY P.O. BOX 3267 WEST PALM BEACH FL 33402</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ECCLESTONE, E. LLWYD 1555 PALM BEACH LAKES BLVD., SUITE 1100 WEST PALM BEACH FL 33401</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reappointing) <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2006</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HOUSING OPERATING, LLC</b>		NAME		
STREET ADDRESS	<b>1555 PALM BEACH LAKES BLVD., SUITE 1100</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ANDERSON, NICK</b>		NAME		
STREET ADDRESS	<b>1555 PALM BEACH LAKES BLVD#1100</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ANDERSON, DEREK</b>		NAME		
STREET ADDRESS	<b>1555 PALM BEACH LAKES BLVD., SUITE 1100</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ECCLESTONE, LLWYD E</b>		NAME		
STREET ADDRESS	<b>1555 PALM BEACH LAKES BLVD #1100</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>		CITY-ST-ZIP		
TITLE	EVPT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>COOPER, RON</b>		NAME		
STREET ADDRESS	<b>1555 PALM BEACH LAKES BLVD., SUITE 1100</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GAMMON, NANNETTE</b>		NAME		
STREET ADDRESS	<b>1555 PALM BEACH LAKES BLVD., SUITE 1100</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>		CITY-ST-ZIP		



1st MOORE CR2E083 (10/05)

4. FEI Number **65-1199447** Applied For ☐ Not Applicable ☐

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

UN00000503302  
04/28/06-80039-012 55.00

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: RON COOPER, VICE PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/4/06