4 2006 LIMITED LIABILITY COMPANY

FILED

ANNUAL REPORT				Jan 27, 2006 08:00 A	
DOCU 1. Entity Nan	MENT # L030000	021079		Secretary of State	
	TOWN HOLDINGS, LL	С			
Principal Plac	ce of Business	Mailing Address	955	-	
	INE ISLAND ROAD ., FL 33 909-6513	2911 N.E. PINE ISLAND ROAD CAPE CORAL, FL 33 909-6513			
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DO NOT WRITE IN THIS SPA			°E	01202006No Chg-LLC	CR2E083 (11/05)
			OE.	4. FEI Number 06-1699248	Applied For Not Applicable
				5. Certificate of Status Desired	\$5.00 Additional Fee Required
	6. Name and Address of Cu	rrent Registered Agent	,		
FULLENKAMP, DENNIS J 2911 NE PINE ISLAND RD.				DO NOT W	RITE
CAPE CORAL, FL 33909			IN THIS SPACE		
		!			
8. The above the obligat	named entity submits this statem tions of registered agent.	ent for the purpose of changing its registere	ed office or register	ed agent, or both, in the State of Flo	orida. I am familiar with, and accep-
SIGNATURE.	Signature, typed or printed name of registered	is gent and title if applicable (NOTE. Registere	i Ageni signeture required	wnen refretaling)	DATE
Filing Fee is \$50.00 Due by May 1, 2006			क, संक	00.00001 -207.90750	4036 9 8 80017-009 50.00
9.	MANAGING M	EMBERS/MANAGERS		The state of the s	300 000 000
TITLE NAME	MGRM FULLENKAMP, DENNIS J				
STREET ADORESS CITY-ST-ZIP	2911 NE PINE ISLAND RD.		j		
TITLE	CAPE CORAL, FL 33909	<u>.</u>			
NAME STREET ADDRESS					
CITY-ST-ZIP					
TIFLE NAME				. , ,	 ·
STREET ADDRESS CITY-ST-ZIP				DO NOT W	RITE
TITLE				IN THIS SE	
NAME STREET ADDRESS				IIV ITIIO OF	ACE
CITY-ST-ZIP					
TITLE NAME					
STREET ADDRESS		1			
CITY-ST-ZIP TITLE		*			
NAME					

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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 4

STREET ADDRESS CITY-ST-ZIP

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