2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000023178

1. Entity Name
DEL MAR TOWNHOMES,LLC

Principal Place of Business

2506 S MACDILL AVENUE

SUITE A TAMPA, FL 33629 Mailing Address

2506 S MACDILL AVENUE

SUITE A

DO NOT WRITE IN THIS SPACE

TAMPA, FL 33629

FILED Apr 24, 2006 8:00 am Secretary of State

04-24-2006 90047 039 ****50.00

Annovana



01112006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 30-0187307

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BAILIN, LAWRENCE J 401 EAST JACKSON STREET STE. 2200 TAMPA, FL

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		
		Agent signature required when reinstating) DATE
Filing Fee is \$50.00 Due by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR LANDERS, JAMES F 2506 S MACDILL AVENUE SUITE A TAMPA, FL 33629	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE		

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

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY+ST+ZIP

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

Date

Daytime Phone #