2006 LIMITED LIABILITY COMPANY

FILED **ANNUAL REPORT** Mar 08, 2006 08:00 AM DOCUMENT # L03000026113 **Secretary of State** t. Entity Name 1275 VERMEER DRIVE PARTNERSHIP, LLC Mailing Address Principal Place of Business 1275 VERMEER DRIVE 1275 VERMEER DRIVE NOKOMIS, FL 34275 NOKOMIS, FL 34275 CR2E083 (11/05) 03062006 No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number 20-0096667 \$5,00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR IN THIS SPACE MIAMI, FL 33145 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 DATE Signature, typed or printed name of registered agent and life if applicable (NOTE Registered Agent signature required when ministating) Filing Fee is \$50.00 Due by May 1, 2008 MANAGING MEMBERS/MANAGERS g. MGR TITLE CARLSON, GAIL K NAME STREET ADDRESS 1275 VERMEER DRIVE GITY-ST-ZIP NOKOMIS, FL 34275 MGRM TITLE

UUUUUUU459451 03/18/06-80033-024 50.00

Applied For

Not Applicate

DO NOT WRITE IN THIS SPACE

11. Thereby certify that the information supplied with this filling 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:

CARLSON, GAIL K

1275 VERMEER DRIVE

NOKOMIS, FL 34275

NAME

TITLE NAME STREET ADDRESS

TITLE NAME STREET ADDRESS C174-57-219

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-70P

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

3-6-06 941-313-5352