

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000032346

Entity Name: MYAKKA HEIGHTS, L.L.C.

FILED
Jan 27, 2006
Secretary of State

Current Principal Place of Business:

C/O BRUCE P. CHAPNICK, ESQ.
2033 MAIN STREET, SUITE 600
SARASOTA, FL 34237

Current Mailing Address:

C/O BRUCE P. CHAPNICK, ESQ.
2033 MAIN STREET, SUITE 600
SARASOTA, FL 34237

New Principal Place of Business:

C/O CHARLES J. BARTLETT, ESQ.
2033 MAIN STREET, SUITE 600
SARASOTA, FL 34237

New Mailing Address:

C/O CHARLES J. BARTLETT, ESQ.
2033 MAIN STREET, SUITE 600
SARASOTA, FL 34237

FEI Number: 65-0773295

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAPNICK, BRUCE P ESQ.
C/O ICARD, MERRILL, ET AL
2033 MAIN STREET, SUITE 600
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

BARTLETT, CHARLES J ESQ.
C/O ICARD, MERRILL, ET AL
2033 MAIN STREET, SUITE 600
SARASOTA, FL 34237 US

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.

SIGNATURE: CHARLES J. BARTLETT, ESQ

01/27/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JOHN CANNON HOMES, I, NC
Address: 7077 S. TAMiami TR
City-St-Zip: SARASOTA, FL 34231 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN CANNON HOMES, INC.

MGRM

01/27/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date