- 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000036010

1. Entity Name

KATSUR AT MICHIGAN PARK, LLC



Principal Place of Business

176 S. SHADOW BAY BLVD. LONGWOOD, FL 32779 Mailing Address

176 S. SHADOW BAY BLVD. LONGWOOD, FL 32779

FILED Feb 16, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01182006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 02-0706554 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

STONE, STEPHEN M 725 NORTH MAGNOLIA AVENUE ORLANDO, FL 32803

SIGNATURE:

SIGNATURE AND

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		(NOTE, Registered	E. Registered Agent signature required when retinistings OATE	
Filing Fee is \$50.00 Due by May 1, 2006				
9.	MANAGING MEMBERS/MANAGERS			
THRE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KATSUR MANAGEMENT GROUP, INC. 926 GREAT POND DR., STE 2003 ALTAMONTE SPRINGS, FL 32714			
TITLE NAME STREET AODRESS CITY-ST-ZIP				000000435907 02/27/06-80013-002 50 .00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN .	THIS SPACE
TITLE NAME STREET ADDRESS C(TY-ST-Z(P				
TITLE HAME STREET ADDRESS CHY-ST-ZIP				
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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.				