2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000037695

1. Entity Name
MATANZAS LAKE, LLC

Principal Place of Business	Mailing Address
1 FLORIDA PARK DRIVE SOUTH, ATRIUM SUITE PALM COAST, FL 32137	1 FLORIDA PARK DRIVE SOUTH, ATRIUM SUITE PALM COAST, FL 32137

DO NOT WRITE IN THIS SPACE

04052006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number 56-2402822	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KATZ, B. PAUL
1 FLORIDA PARK DRIVE SOUTH, ATRIUM SUITE
PALM COAST, FL 32137

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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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2006

110000505018
04/26/06-80102-001 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	KATZ, B. PAUL
STREET ADDRESS	1 FLORIDA PARK DRIVE SOUTH, ATRIUM SUITE
CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE: _____   4/7/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #