2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Jan 13, 2006 08:00 AM DOCUMENT # L03000038531 **Secretary of State** 1. Entity Name WEST POINT COMMONS, LLC Principal Place of Business Mailing Address 8525 REDLEAF LANE 8525 REDLEAF LANE ORLANDO, FL 32819 ORLANDO, FL 32819 01032006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 13-3905608 Not Applic \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ICARDI, JEFFREY A DO NOT WRITE 2180 W STATE ROAD 434 STE 6190 IN THIS SPACE LONGWOOD, FL 32779 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 acce 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) Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE RHC DEVELOPMENT, LLC MAME 8525 REDLEAF LANE STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32819 TITLE U00000385857 01/18/06-80034-014 **50.**00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 informatic 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 it limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRI

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

1-10-2006