2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000042496

1. Entity Name

THE FOUNDERS CLUB DEVELOPMENT COMPANY, L.L.C.



FILED Jan 31, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

240 S. PINEAPPLE AVE., SUITE 400 SARASOTA, FL 34236

240 S. PINEAPPLE AVE., SUITE 400 SARASOTA, FL 34Z36



DO NOT WRITE IN THIS SPACE

01192006 No Chg-LLC	CR2E083 (11/05)
f. FEI Number	Applied For

20-0361982

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, THOMAS 240 S. PINEAPPLE AVE., SUITE 400 SARASOTA, FL 34236

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of chains of registered agent.	anging its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	_			
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	OATE	
Fi D	lling Fee is \$50.00 ue by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS		· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET AODRESS CITY-ST-ZIP	MGR U.S. ASSETS REALTY GROUP, INC. 240 S. PINEAPPLE AVE., SUITE 400 SARASOTA, FL 34236		UQ0000410646	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			02/09/06-80042-022 50.00	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY - ST-ZIP		IN	IN THIS SPACE	
NAME STREET ADDRESS CITY-ST-ZIP				

11. I hereby 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 eath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this pipol; as required by Chapter 608, Florida Statutes.

SIGNATURE:X_signature ang

NAME STREET ABURESS CITY-ST-ZIP

RE AND TIPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/27/06

941-365-7334

Daytime Prior