## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED

## Apr 03, 2006 08:00 AM Secretary of State DOCUMENT # L03000042887 1. Entity Name THE LODGE AT 2135 CONGRESS, LLC Principal Place of Business Mailing Address 2623 YARMOUTH DRIVE **2623 YARMOUTH DRIVE** WELLINGTON, FL 33414 WELLINGTON, FL 33414 CR2E083 (11/05) 02162006No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 52-2414551 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DE VILLEGAS, HECTOR J DO NOT WRITE 2623 YARMOUTH DRIVE WELLINGTON, FL 33414 IN THIS SPACE 3. 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 marrie of registered agent and fills if epolicable. MICTE Redistant Apeni signature sequired when reinstation) DATE Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS Đ. MGR TITLE DE VILLEGAS, HECTOR J NA FA STREET ADDRESS 2823 YARMOUTH DRIVE U00000430375 CITY-ST-ZIP WELLINGTON, FL 33414 04/18/06-80052-025 50.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-SI-702 IN THIS SPACE NAME STREET ADDRESS DTF-57-272 TITLE NAME STREET ADDRESS CITY-ST-ZIP MAME STREET ADDRESS CITY-ST-ZIP 11. I horoby 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 report as required by Chapter 608, Florida Statutes.

D NAME OF BICKING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**FILED**