

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 18, 2006 8:00 am**  
**Secretary of State**

08-18-2006 90027 029 \*\*\*\*55.00

<b>DOCUMENT # L03000044303</b>					
<b>1. Entity Name</b> MIRROR LAKE APARTMENTS, LLC					
<b>Principal Place of Business</b> 1751 SOUTH CLYDE MORRIS DAYTONA BEACH, FL 32119			<b>Mailing Address</b> P.O. BOX 291729 PORT ORANGE, FL 32129		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	08102006    Chg-LLC    CR2E083 (11/05)	
<b>4. FEI Number</b> 59-3773377				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
<del>POWELL, ROBERT E</del> <del>1751 SOUTH CLYDE MORRIS</del> <del>DAYTONA BEACH, FL 32119</del>			Name Despina Powell		
<del>POWELL, ROBERT E</del> <del>1751 SOUTH CLYDE MORRIS</del> <del>DAYTONA BEACH, FL 32119</del>			Street Address (P.O. Box Number is Not Acceptable) - 1069 Hampstead Lane		
<del>POWELL, ROBERT E</del> <del>1751 SOUTH CLYDE MORRIS</del> <del>DAYTONA BEACH, FL 32119</del>			City Ormond Beach		
<del>POWELL, ROBERT E</del> <del>1751 SOUTH CLYDE MORRIS</del> <del>DAYTONA BEACH, FL 32119</del>			FL    Zip Code 32174		
<b>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.</b>					
SIGNATURE <i>Despina Powell</i> DATE <i>8-15-06</i>					
(NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR :POWELL, ROBERT E 1751 SOUTH CLYDE MORRIS DAYTONA BEACH, FL 32119	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Despina Powell 1069 Hampstead Lane Ormond Beach, Florida 32174	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
SIGNATURE: <i>Despina Powell</i> DATE: <i>8-15-06</i> 386-756-8543					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #					