


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90038 032 ****50.00

DOCUMENT # L04000004824	
1. Entity Name HIATUS ROAD, LLC	

Principal Place of Business 1401 UNIVERSITY DR, STE 200 CORAL SPRINGS, FL 33071	Mailing Address 1401 UNIVERSITY DR, STE 200 CORAL SPRINGS, FL 33071
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20042969

2. Principal Place of Business 1600 Sawgrass Corporate Parkway Suite, Apt. #, etc. Suite 300	3. Mailing Address 1600 Sawgrass Corporate Parkway Suite, Apt. #, etc. Suite 300
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03302006 Chg-LLC CR2E083 (11/05)

City & State Sunrise, FL	City & State Sunrise, FL
Zip 33323	Zip 33323
Country USA	Country USA

4. FEI Number 65-1073707	Applied For Not Applicable
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6. Name and Address of Current Registered Agent GRANT, MARK F ESQ %RUDEN, MCCLOSKEY, SMITH, ET AL 200 E BROWARD BLVD, STE 1500 FORT LAUDERDALE, FL 33301	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM G.L. HOMES OF DAVIE ASSOCIATES III, LTD 1401 UNIVERSITY DR, # 200 CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM G.L. HOMES OF DAVIE ASSOCIATES III, LTD. 1600 SAWGRASS CORPORATE PKWY #300 SUNRISE, FL 33323 <input checked="" 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
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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: 	N. MARIA MENDEZ, VICE PRESIDENT	4/27/06	954-753-1730
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	<small>Daytime Phone #</small>