

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90039 019 ****55.00

DOCUMENT # L04000010717

1. Entity Name

PARKLAND CUSTOM HOMES AND DEVELOPMENT, LLC



Principal Place of Business

7250 NW 82 TERR
PARKLAND FL 33067
US

Mailing Address

7250 NW 82 TERR
PARKLAND FL 33067
US

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-0822925

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORRIS, STUART R ESQ
7000 W. PALMETTO PARK ROAD
SUITE 310
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name **JOSEPH M. FOGLIA**
Street Address (P.O. Box Number is Not Acceptable)
7428 WILES ROAD
City **CORAL SPRINGS** FL Zip Code **33067**

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

Signature, typed or printed name of registered agent and title if applicable.

Joseph M. Foglia

(NOTE: Registered Agent signature required when reinstating)

4/6/06

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	DONNELLY, MICHAEL	
STREET ADDRESS	7250 NW 82 TERRACE	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE	S	<input type="checkbox"/> Delete
NAME	FOGLIA, JOSEPH M	
STREET ADDRESS	7428 MILES RD	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE	T	<input type="checkbox"/> Delete
NAME	FOGLIA, JOSEPH J	
STREET ADDRESS	7428 MILES RD	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/6/06

Date

954-753-8602

Daytime Phone #