## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 28, 2006 08:00 Al Secretary of State

Principal Place of Business  835 COMAL ROBE RIVE CORAL SPRINGS, FL 33071 US  2. Principal Place of Business  Sulfa, Apt. 4, etc  Sulfa, Apt. 4, etc  Sulfa, Apt. 4, etc  Chy & State  Chy &	1. Entity Name	# L04000011 MES AT TUSCAN				Se	ecretary	of State			
Sulte. Apt. 4, etc.    Sulte. Apt. 4, etc.   O4062006   Chg_LLC   CR2E083 (11/05)	825 CORAL RIDGE DRIVE			825 CORAL RIDGE DRIVE							
City & State  Ci	2. Principal Place of Business			3. Mailing Address							
20-0775259 Status Desired   \$5.00 According to Status Desired   \$5	Suite, Apt. #, etc						04062006	Chg-LLC	CR2E083 (11/	05)	
E. Name and Address of Current Registered Agent  7. Name and Address of Now Registered Agent  8. Street Address (P.O. Box Number is Not Accapptable)  8. The Address of Now Registered Agent  8. The Address of Now Registered Agent  8. The Address of Now Registered Agent  9. The Address o	City & State						1			<u> </u>	
Rome   Street Address (P.O. Box Number is Not Acceptable)	Zip Country		·		·				Fee Rec		
Street Acidness (P.O. Box Number is Not Acceptable)  City FL Zip Code  a. The above named entity cubmits 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, toped or perisor one or episorane o		6. Name	and Address of Current			Name	7. Name and	Address of New R	egistered Agent		
Eth purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE:    City   FL   Zip Code	20801 BISCA			Street Addres		Street Address	(P.O. Box Numbe	er is Not Acceptable	3)		
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 Florids. I am familiar with, and accept the obligations of registered agent and state in the obligations of registered agent and state.  Filling Fee is \$50,00  THE  Filling Fee is \$50,00  THE  MANA GING MEMBERS/MANAGERS  THE  MGR  CENTELLINE HOMES, INC  STRET ADDRESS  CITY-ST-2P  THE  MARE  SIRET ADDRESS	AVENTURA,	FL 331	80	City				FL Zip	Code		
Filling Fee is \$50.00 Due by May 1, 2006  MANAGING MEMBERS/MANAGERS  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  INTE MAKE CENTELLINE HOMES, INC SIRET ADDRESS CORAL SPRINGS, FL 33071  INTE MAKE SIRET ADDRESS CORAL SPRINGS, FL 33071  INTE MAKE SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS SIRET ADDRESS CITY-ST-2P  INTE MAKE SIRET ADDR	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										
B. MANAGING MEMBERS/MANAGERS 10. ACDITIONS/CHANGES  TITLE MARE CENTELLINE HOMES, INC SIRET ADDRESS CITY-ST-2IP CORAL SPRINGS, FL 33071  TITLE MARE SIRET ADDRESS CITY-ST-2IP TITLE MARE SIRET ADDRESS CITY-ST-2IP  TITLE MARE	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating)  DATE										
TITLE MARE CENTELLINE HOMES, INC SIREET ADDRESS CITY-ST-ZIP  TITLE MARE MARE SIREET ADDRESS CITY-ST-	Filin Due	ng Fee i by May	s \$50.00 r 1, 2006						• •		
NAME SIRET ADDRESS CITY-ST-ZIP TITLE NAME SIRET		ICP	MANAGING MEMBI					ADDITIONS			
NAME SIREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRES	NAME CENTELLINE HOMES, INC STREET ADDRESS 825 CORAL RIDGE DR			LI Delete	name Street address			U0000 05/10/06	IOS41RD4	• —	
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NAME STREET ADDRESS CITY-ST-ZIP  TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE 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 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 accivery trustee ontpowered to execute this report as required by Chapter 608. Florida Statutes  SIGNATURE:	NAME STREET ADDRESS			☐ Delete	nam Stre	EET ADDRESS			☐ Char	ige 🔲 Addition	
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SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Dote Dayling Phone #											