2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000013981

1. Entity Name

MARBELLA RESERVE PROJECT, LLC



FILED Apr 27, 2006 08:00 AN Secretary of State

Principal Place of Business

232 S DILLARD ST

STE 201 Winter Garden, FL 34787 Mailing Address

PO BOX 770609

WINTER GARDEN, FL 34777



04182006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0937607

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MACKINNON, ALEXANDER C 225 SOUTH ORANGE AVE., SUITE 800 ORLANDO, FL 32801

DO NOT WRITE IN THIS SPACE

			AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	
	named entity submits this statement for the purpose of cha tions of registered agent.	anging its registered office or registered agent, or b	ooth, in the State of Florida. I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Register		(NOTE Registered Agent signature required when reinstaling)	ad Agent signature required when reinstaling) DATE	
	Signature, typed or printed name or registered agont and the it approache.	(NOTE Registated Agent signature required when reinstating)	. DAIE	
F. D	iling Fee is \$50.00 ue by May 1, 2006		U00000549827 05/10/06-80033-015 50.00	
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGR			
NAME	HOLSTON, ROBERT W JR.			
STREET ADDRESS	PO BOX 770609	→ : :	The state of the s	
CITY-ST-ZIP	WINTER GARDEN, FL 34777		The second secon	
TITLE	MGR			
NAME	JUNE, ROHLAND A II			
STREET ADDRESS	PO BOX 770609			
CITY-ST-ZIP	WINTER GARDEN, FL 34777		A STATE OF THE PROPERTY OF THE	
TITLE			e e e e e e e e e e e e e e e e e e e	
NAME				
STREET ADDRESS		l no	NOT WRITE	
CITY-ST-ZIP			ng a comme a comme to the state of the state	
MLE		: IN	THIS SPACE	
VAME		· 異意 學	A STATE OF THE PARTY OF THE PAR	
STREET ADDRESS			大学を大変がある。 ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・	
CITY-ST-ZIP		and the second second		
TILE		1		
MAME ADDRESS		**	The second s	
STREET ADDRESS		and the second of the second o	The state of the s	
ITY-ST-ZIP				
RTLE				
IAME		ı		
STREET ADDRESS		E .	· · · · · · · · · · · · · · · · · · ·	

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:

JRE: 1 VOI VICE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/24/06

ORRXOROH

Daytin

Daytime Phone #