

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000013981

1. Entity Name
MARBELLA RESERVE PROJECT, LLC



Principal Place of Business
232 S DILLARD ST
STE 201
WINTER GARDEN, FL 34787

Mailing Address
PO BOX 770609
WINTER GARDEN, FL 34777

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



04182006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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**

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.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

U00000540827
05/10/06-80033-015 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HOLSTON, ROBERT W JR.
PO BOX 770609
WINTER GARDEN, FL 34777

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
JUNE, ROHLAND A II
PO BOX 770609
WINTER GARDEN, FL 34777

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

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

*Rohland June
Manager*

4/24/06

407-905-8180

Date

Daytime Phone #