## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000032837  1. Entity Name FT. DENAUD CROSSINGS, LLC			<b>&gt;</b>		N	Mar 17, 2006 08:00 AM Secretary of State			
Principal Place of Business Mailing Address  802 N. W. 1ST STREET 802 N. W. 1ST STREE  SOUTH BAY, FL 33493 US SOUTH BAY, FL 3349									
SOUTH DAT,	FL 33493 - U3	300111 DAT, FL 3349	ა სა		5 (\$\$(5\$(5)) B(5	<b>13</b> 711 <b>3</b> (31) <b>33</b> 71 <b>33</b> 11 <b>3</b> 311	<b>. 2012 -</b> 11112 1	1881 (BIBS 400) (BI	FEEL OU CREE
2. Principal F	Place of Business	3. Mailing Address							
Suite, Apt. II., etc.		Suite, Apt. #, etc.		02102006	Chg-LLC	CR2E	088 (11/05)		
City & State		City & State		4. FEI Numbe	er -		Ac	piled For	
Zip Country		Zip	Zip Country		55-086 5. Certificate	5744 of Status Desired	₩.	\$5.00 Add	
6. Name and Address of Current		Registered Agent	<del></del>		J	Address of New R		Fee Require	<u> </u>
				Name		71001000	8.010.00	- Caronic	
ROYAL UI 802 N. W. SOUTH B			Street Address (	(P.O. Box Number	r is Not Acceptable	)		<del>:</del>	
3001111	A1,1 E 00-00								
				City			FL		
8. The above the obligat	named entity submits this statement for tions of registered agent.	or the purpose of changing its	register	ed office or register	red agent, or bot	h, in the State of Flo	rida. i am	familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent	and this if applicable. (NOT	E: Registere	d Agent signature required	d when reinstating)		DATE	<del></del>	<del></del> _
Filing Fee is \$50.00 Oue by May 1, 2006								ayable to sent of State	
9.	MANAGING MEMBI	ERS/MANAGERS	10.		L	ADDITIONS/	CHANGES		
TITLE NAME STREET ADDRESS	MGR ROYAL UNITED PROPERTIES, INC. 802 N. W. 1ST STREET		•	E ET AODRESS				☐ Change	☐ Addition
CITY-ST-ZIP	SOUTH BAY, FL 33493			-ST-ZIP		7 <mark>4700000</mark> 0 1372 <mark>8705</mark> -30		المراجعة المراجعة	T
title Name Street address City-St-Zip		Ockete		<u> </u>		0.31 <b>2.01 0</b> .0 0.0	OSC O	- 12   Champe - 1	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		Į.				Change	nollibbA 🔲
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Dolejo		t t			-	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		}				Chango	☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	City-	ET AOORESS ST-ZIP				Change	Addition
Delia Dini	ertify that the information supplied with on this report is true and accurate and billty company or the receiver or truster	inai my signature shall have i	the same	i legal ellert es if m	rada under nath:	that I am a menant	ther certifying membe	that the information of the transfer of manager	mation of the

OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2.10.06 Date

Daytime Phone #

**FILED**