## **`2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## Mar 28, 2006 8:00 am Secretary of State DOCUMENT # L04000036251 03-28-2006 90014 041 \*\*\*\*55.00 CORDOBA-LAKE VIENNA LLC Principal Place of Business 20021881 Mailing Address 3802 A GUNN HWY. 3802 A GUNN HWY. TAMPA, FL 33624 US TAMPA, FL 33624 U\$ 3. Mailing Address 15100 Hutchison Rd 2. Principal Place of Business 15100 Hutch I Son Rd 02272006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For ampa 20-1160310 ampa Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>Ponton</u> Lance PONTON, LANCE Street Address (P.O. Box Number is Not Acceptable) 3802 A GUNN HWY TAMPA, FL 33624 City ampa 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 reinstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGRM TITLE ☐ Delete TITLE ☐ Addition PONTON, LANCE NAME 15100 Hutchison Rd. STREET ADDRESS 3802 A GUNN HWY STREET ADDRESS Tampa, FL 33625 TAMPA, FL 33624 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE [ ] Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

FILED