

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000039802 1. Entity Name OLD BERKLEY RESERVE OF CENTRAL FLORIDA TWO, LLC	
--	---

Principal Place of Business 290 CYPRESS GARDENS BLVD. WINTER HAVEN, FL 33880	Mailing Address 290 CYPRESS GARDENS BLVD. WINTER HAVEN, FL 33880
--	--

DO NOT WRITE IN THIS SPACE



01232006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1168234	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
---	-----------------------------------

6. Name and Address of Current Registered Agent

SPANJERS, CRAIG M
290 CYPRESS GARDENS BLVD.
WINTER HAVEN, FL 33880

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPANJERS, CRAIG M MR. 290 CYPRESS GARDENS BOULEVARD WINTER HAVEN, FL 33880
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

400000417870
02/13/06-80074-015 50.00

**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: Craig M. Spanjers CRAIG M. SPANJERS 1-23-2006 (863) 276-7631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #