2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2006
Secretary of State

DOCUMENT# L04000041790

Entity Name: ASTOR LAKES, LLC

Current Principal Place of Business:

536 FRANK SHAW ROAD
TALLAHASSEE, FL 32312

New Principal Place of Business:

514 FRANK SHAW ROAD
TALLAHASSEE, FL 32312

Current Mailing Address:

536 FRANK SHAW ROAD
TALLAHASSEE, FL 32312

New Mailing Address:

514 FRANK SHAW ROAD
TALLAHASSEE, FL 32312

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHANDLER, PORTER E
536 FRANK SHAW ROAD
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

CHANDLER, PORTER E
514 FRANK SHAW ROAD
TALLAHASSEE, FL 32312 US

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.

SIGNATURE: PORTER E. CHANDLER 04/20/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CHANDLER, PORTER E
Address: 536 FRANK SHAW ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM ( ) Delete
Name: SINGLETARY, RICHARD L JR.
Address: 102 CHUKKARS DR.
City-St-Zip: THOMASVILLE, GA 31792

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CHANDLER, PORTER E
Address: 514 FRANK SHAW ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RICHARD L. SINGLETARY, JR. MGRM 04/20/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date