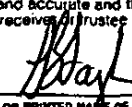


Apr. 25. 2006 8:27AM FALCONETTI AND GROOMES CPA

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90065 036 ****50.00

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000047847			
1. Entity Name ANCEL'S LANDING, LLC			
Principal Place of Business 5021 ASHFORD FALLS LANE OVIEDO, FL 32765		Mailing Address 5021 ASHFORD FALLS LANE OVIEDO, FL 32765	
2. Principal Place of Business 11309 Lake Underhill Rd Suite, Apt. #, etc. Suite 103 City & State Orlando FL Zip 32825 Country USA		3. Mailing Address 11309 Lake Underhill Rd Suite, Apt. #, etc. Suite 103 City & State Orlando FL Zip 32825 Country USA	
4. FEI Number 20-2673087		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		04242006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent TAYLOR, KAYE-ANN 5021 ASHFORD FALLS LANE OVIEDO, FL 32765		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ Signature, typed or printed name of registered agent and SEC if applicable. (NOTE: Registered Agent's signature required when re-registering)			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TAYLOR, KAYE-ANN E 5021 ASHFORD FALLS LANE OVIEDO, FL 32765 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TAYLOR, LINCOLN B 5021 ASHFORD FALLS LANE OVIEDO, FL 32765 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: 		4-26-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	