

FILED
Jun 30, 2006 8:00 am
Secretary of State

05-03-2006 90038 029 ****50.00

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000048590			
1. Entity Name BENT TREE TOWNHOMES, LLC			
Principal Place of Business 4501 BEVERLY AVENUE JACKSONVILLE, FL 32210		Mailing Address 4501 BEVERLY AVENUE JACKSONVILLE, FL 32210	
DO NOT WRITE IN THIS SPACE			
		01302006 No Chg-LLC CR2E083 (11/05)	
		4. FEI Number 55-0880917	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ATLEE, KENYON S 4501 BEVERLY AVENUE JACKSONVILLE, FL 32210		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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)			
DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Managing Member Atlee, Kenyon S. 4501 Beverly Avenue Jacksonville, Florida 32210 <i>Delete</i>		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Member Crisp, Dale L. 4501 Beverly Avenue Jacksonville, Florida 32210 <i>Delete</i>		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MANAGER KENDALE G.P., INC. 4501 BEVERLY AVE JACKSONVILLE, FL 32210 <i>Add</i>		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP			
TITLE NAME STREET ADDRESS CITY-STATE-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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING		Kenyon S. Atlee, 904 384-6964 April 18, 2006	