


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 20, 2006 8:00 am**  
**Secretary of State**

01-20-2006 90047 017 \*\*\*\*50.00

|                                       |  |   |
|---------------------------------------|--|---|
| DOCUMENT # L04000051640               |  |  |
| 1. Entity Name<br>FORTRESS HOMES, LLC |  |   |

|  |  |
|--|--|
| Principal Place of Business<br><del>33212 CAMERON RD</del><br>ZEPHYRHILLS, FL 33543 US | Mailing Address<br><del>33212 CAMERON RD</del><br>ZEPHYRHILLS, FL 33543 US |
|--|--|

|   |   |
|---|---|
| 2. Principal Place of Business<br>33212 Camerton Rd.<br>Suite, Apt. #, etc. | 3. Mailing Address<br>33212 Camerton Rd.<br>Suite, Apt. #, etc. |
|---|---|

|   |   |
|---|---|
| City & State<br>Zephyrhills, FL<br>Zip 33543 Country US | City & State<br>Zephyrhills, FL<br>Zip 33543 Country US |
|---|---|

01132006 Chg-LLC CR2E083 (11/05)

|  |                               |
|--|-------------------------------|
| 4. FEI Number<br>20-1327208  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |                               |

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent<br>WINCOTT, KAREN<br><del>33212 CAMERON RD</del><br>ZEPHYRHILLS, FL 33543 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>33212 Camerton Rd<br>City Zephyrhills FL Zip Code 33543 |  |
|---|--|--|--|

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 Karen Wincott DATE 1-15-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|   |  |
|---|--|
| Filing Fee is \$50.00<br>Due by May 1, 2006 | Make check payable to<br>Florida Department of State |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |  |
|--|---|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>WINCOTT, KAREN<br><del>33212 CAMERON RD</del><br>ZEPHYRHILLS, FL 33543 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>33212 Camerton Rd. |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>WINCOTT, DAVID<br><del>33212 CAMERON RD</del><br>ZEPHYRHILLS, FL 33543 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>33212 Camerton Rd. |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: Karen Wincott DATE 1-15-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE