
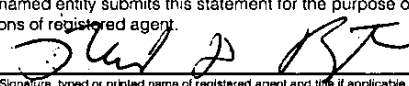
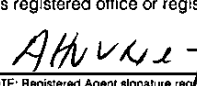



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 01, 2006 8:00 am**  
**Secretary of State**

02-01-2006 90020 033 \*\*\*\*50.00

DOCUMENT # L04000055594					
1. Entity Name ISLES OF LAKE BUTLER, LLC					
Principal Place of Business 1050 S. LAKE SYBELIA DR. MAITLAND, FL 32751			Mailing Address 1050 S. LAKE SYBELIA DR. MAITLAND, FL 32751		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  BAXTER, RICHARD D ESQ MILLER, SOUTH, MILHAUSEN & CARR, P.A. 2699 LEE ROAD, STE. 120 WINTER PARK, FL 32789				7. Name and Address of New Registered Agent  Name Miller, South & Milhausen, P.A. Street Address (P.O. Box Number is Not Acceptable) c/o Richard D. Baxter, Esq. 1000 Legion Place, Suite 1200 City Orlando, FL Zip Code 32801	
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 		DATE 1/20/06	
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 CRONE, MARK A 1050 S. LAKE SYBELIA DR. MAITLAND, FL 32751	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOUTH, J. TODD 2699 LEE ROAD SUITE 100 WINTER PARK, FL 32789	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCALA, FRANCO 7800 SOUTHLAND BOULEVARD SUITE 109 ORLANDO, FL 32809	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WATKINS, KEN 320 COMMERCE BOULEVARD SUITE 130 LAKE MARY, FL 32795	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		
			Date 1/24/2006 Daytime Phone # 407-539-1050		

20004377



01102006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1756197 Applied For Not Applicable

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