

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000062064

FILED  
May 01, 2006  
Secretary of State

Entity Name: STEINHATCHEE PARCEL 3 LLC

## Current Principal Place of Business:

C/O FRANCINE HUSEMAN  
8486 154TH CT N  
PALM BEACH GARDENS, FL

## New Principal Place of Business:

C/O FRANCINE HUSEMAN  
8486 154TH CT N  
PALM BEACH GARDENS, FL 33418

## Current Mailing Address:

C/O FRANCINE HUSEMAN  
8486 154TH CT N  
PALM BEACH GARDENS, FL

## New Mailing Address:

C/O FRANCINE HUSEMAN  
8486 154TH CT N  
PALM BEACH GARDENS, FL 33418

FEI Number: 20-1622631      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

HUSEMAN, FRANCINE  
8486 154TH CT N  
PALM BEACH GARDENS, FL 33418      US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: HUSEMAN, JOHN P  
Address: 8486 154 CT N  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGRM ( ) Delete  
Name: HUSEMAN, FRANCINE  
Address: 8486 154 CT N  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGRM ( ) Delete  
Name: DIVINE, CYNTHIA G  
Address: 8440 154 CT N  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGRM ( ) Delete  
Name: DIVINE, WILBUR F  
Address: 8440 154 CT N  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGRM ( ) Delete  
Name: MARRON, JUDITH  
Address: 15389 184TH AVE N  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGRM ( ) Delete  
Name: MARRON, BRIAN S  
Address: 15389 184TH AVE N  
City-St-Zip: PALM BEACH GARDENS, FL 33418

## ADDITIONS/CHANGES:

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

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

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

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

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

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: FRANCINE HUSEMAN

MGRM

05/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date