

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000064040**

1. Entity Name  
**ADMIRALS CUP DEVELOPMENT LLC**



Principal Place of Business  
**1316 BOWMAN ST.  
CLERMONT, FL 34711**

Mailing Address  
**1316 BOWMAN ST.  
CLERMONT, FL 34711**



04122006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**20-1546411**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**KNICKMAN, W. EDWARD III  
1316 BOWMAN ST.  
CLERMONT, FL 34711**

**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 reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	KNICKMAN, W. EDWARD III
STREET ADDRESS	13352 LAGO VISTA DR.
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	MGR
NAME	SOUTHARD, SAMUEL T
STREET ADDRESS	1316 BOWMAN ST.
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000530414  
05/05/06-80115-005 50.00

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

4/19/06

Date

352 243-2828

Daytime Phone #