

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000069517

1. Entity Name
CLEVELAND VILLAS LLC



Principal Place of Business
**13907 CARROLLWOOD VILLAGE RUN
TAMPA, FL 33618**

Mailing Address
**13014 N DALE MABRY HWY
SUITE 356
TAMPA, FL 33618**



03212006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1658922

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FAIRBANKS, GARY A
13907 CARROLLWOOD VILLAGE RUN
TAMPA, FL 33618**

**DO NOT WRITE
IN THIS SPACE**

6. 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 "on-stating")

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2008**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	RAPPAPORT, ALEXANDER G
STREET ADDRESS	13907 CARROLLWOOD VILLAGE RUN
CITY- ST- ZIP	TAMPA, FL 33618
TITLE	MGR
NAME	RAPPAPORT, JASON T
STREET ADDRESS	13907 CARROLLWOOD VILLAGE RUN
CITY- ST- ZIP	TAMPA, FL 33618
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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04/11/06 80072-003 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

A.G. RAPPAPORT

3/23/06

813-269-0899

Date

Phone Number