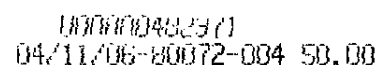
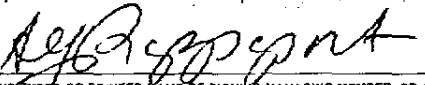


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L04000084007		
1. Entity Name ARRAWANA TOWNHOMES 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) 4. FEI Number 20-2487613 5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required Applied for Not Applicable
DO NOT WRITE IN THIS SPACE		
5. 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 date if applicable (NOTE: Registered Agent signature required when re-electing) DATE		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		 04/11/06-80072-004 50.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAPPAPORT, ALEXANDER G 13907 CARROLLWOOD VILLAGE RUN TAMPA, FL 33618	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAPPAPORT, JASON 13907 CARROLLWOOD VILLAGE RUN TAMPA, FL 33618	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  A.G. RAPPAPORT 3/27/06 813-269-0899 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #		