

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000084519

1. Entity Name
**GARNER, MCCORMIC, ROJAS DEVELOPMENT GROUP,
LLC**



Principal Place of Business
**121 MARKET STREET
LEESBURG, FL 34748**

Mailing Address
**P.O. BOX 895430
LEESBURG, FL 34788**



03312006 No Chg-LLC

CRZE083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1907598

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROJAS, RICHARD J
PO BOX 895220
LEESBURG, FL 34789**

**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.

RICHARD J. ROJAS

(NOTE: Registered Agent signature required when registering)

4/10/06
DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GARNER, JAMES R
STREET ADDRESS	P.O. BOX 490873
CITY-ST-ZIP	LEESBURG, FL 34788
TITLE	MGRM
NAME	MCCORMIC, DANIEL C
STREET ADDRESS	P.O. BOX 490873
CITY-ST-ZIP	LEESBURG, FL 34788
TITLE	MGRM
NAME	ROJAS, RICHARD J
STREET ADDRESS	P.O. BOX 895220
CITY-ST-ZIP	LEESBURG, FL 34789
TITLE	MGRM
NAME	ROJAS, MANUEL J
STREET ADDRESS	1940 SOUTH CREEK BLVD.
CITY-ST-ZIP	PORT ORANGE, FL 32128
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000519012
05/02/06-80036-001 50.00

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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

RICHARD J. ROJAS

4/10/06

DATE

(352) 787-4600

Daytime Phone #