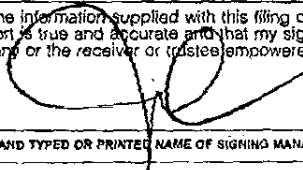


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000086679		
1. Entity Name CANDY CREST TOWNHOMES, LLC		
Principal Place of Business 2101 WEST PLATT STREET SUITE 200 TAMPA, FL 33606		Mailing Address 2101 W PLATT ST, STE 200 TAMPA, FL 33606
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KOEHLER, KEITH W 502 N ARMENIA AVENUE TAMPA, FL 33609		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 of applicant NOTE: Registered Agent signature required when reinstating! DATE		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE	MGR	
NAME	LUM, JOHN	
STREET ADDRESS	2101 WEST PLATT STREET #200	
CITY- ST- ZIP	TAMPA, FL 33606	
TITLE	MGR	
NAME	GULUZIAN, ARAM	
STREET ADDRESS	2101 WEST PLATT STREET #200	
CITY- ST- ZIP	TAMPA, FL 33606	
TITLE		DO NOT WRITE IN THIS SPACE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		DO NOT WRITE IN THIS SPACE
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: 		4/27/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date



01102006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1944888

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

000000547208
05/12/06-80014-015 50.00