


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2006 8:00 am**  
**Secretary of State**

04-25-2006 90016 027 \*\*\*\*50.00

<b>DOCUMENT # L04000088525</b> 1. Entity Name MEMORIAL TOWNHOMES, LLC	
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Principal Place of Business 2506 S. MACDILL, SUITE A TAMPA, FL 33629	Mailing Address 2506 S. MACDILL, SUITE A TAMPA, FL 33629
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**DO NOT WRITE IN THIS SPACE**



01112006 No Chg-LLC

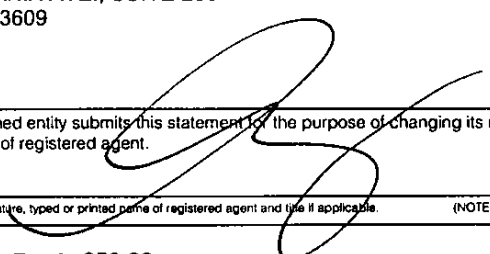
CR2E083 (11/05)

4. FEI Number 20-1967666	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  MAYTS, ANDREW J JR., ESQ 106 S. TAMPANIA AVE., SUITE 200 TAMPA, FL 33609
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**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:  (NOTE: Registered Agent Signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. (DATE: 11/12/06)
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**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR LANDERS, JAMES F 2506 S MACDILL AVENUE TAMPA, FL 33629
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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.
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<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #
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