

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090046

FILED
May 31, 2006
Secretary of State

Entity Name: YELLOW BLUFF DEVELOPMENT, LLC

Current Principal Place of Business:

9471 BAYMEADOWS ROAD #403
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

9471 BAYMEADOWS ROAD #403
JACKSONVILLE, FL 32256

New Mailing Address:

3020 HARTLEY ROAD
SUITE 100
JACKSONVILLE, FL 32256

FEI Number: 20-2033591 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

YOUNG, JAMES R
9471 BAYMEADOWS ROAD #403
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MBR () Delete
Name: NORTH MAIN STREET PA, RNTERS INC
Address: 9471 BAYMEADOWS ROAD #403
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: MBR () Delete
Name: LENNAR HOMES INC,
Address: 700 NW 107 STREET
City-St-Zip: MIAMI, FL 33172 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LENNAR HOMES INC

MBR

05/31/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date