


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2006 JUN -5 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

DOCUMENT # L04000090988			
1. Entity Name ARDEN PARK VENTURES, LLC			
Principal Place of Business 2600 MAITLAND CENTER PKWY SUITE 200 MAITLAND, FL 32751		Mailing Address 2600 MAITLAND CENTER PKWY SUITE 200 MAITLAND, FL 32751	
2. Principal Place of Business		3. Mailing Address 1000 ABERNATHY RD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 1200	
City & State		City & State ATLANTA, GA	
Zip	Country	Zip	Country
30328	USA	30328	USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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)			
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BEAZER HOMES CORP 2600 MAITLAND CENTER PKWY, STGE 200 MAITLAND, FL 32751 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500076243365 06/15/06--01035--001 **\$55.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
SIGNATURE: By: <u>C. Lowell Ball</u>		C. LOWELL BALL SR. VICE PRESIDENT 6-2-06 770-829-3700	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	