2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 29, 2006
Secretary of State

DOCUMENT# L05000002620

Entity Name: PUNTA GORDA INVESTORS AT BELLA LAGO HARBOR, LLC

Current Principal Place of Business:

150 S. UNIVERSITY DR., STE C
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

150 S. UNIVERSITY DR., STE C
PLANTATION, FL 33324

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

FRANSON, PAUL
150 S. UNIVERSITY DR., STE C
PLANTATION, FL 33324 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:	MGRM	( ) Delete
Name:	FRANSON, PAUL	
Address:	150 S. UNIVERSITY DR., STE C	
City-St-Zip:	PLANTATION, FL 33324	
Title:	MGRM	( ) Delete
Name:	PROCTER, BRUCE	
Address:	10400 TAFT STREET	
City-St-Zip:	PEMBROKE PINES, FL 33026	
Title:	MGRM	( ) Delete
Name:	COLSON, ARTHUR	
Address:	11351 NW 23RD STREET	
City-St-Zip:	PLANTATION, FL 33323	
Title:	MGRM	( ) Delete
Name:	FRAUSON, LISA	
Address:	150 S. UNIVERSITY DR., STE C	
City-St-Zip:	PLANTATION, FL 33324	
Title:	MGRM	( ) Delete
Name:	PROCTER, PAULA	
Address:	150 S. UNIVERSITY DR., STE C	
City-St-Zip:	PLANTATION, FL 33324	
Title:	MGRM	( ) Delete
Name:	COLSON, DEBBIE	
Address:	150 S. UNIVERSITY DR., STE C	
City-St-Zip:	PLANTATION, FL 33324	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: PAUL FRANSON P 06/29/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date