


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 31, 2006 8:00 am**  
**Secretary of State**

01-31-2006 90024 044 \*\*\*\*50.00

<b>DOCUMENT # L05000005431</b>	
1. Entity Name <b>LANDSHORE COMMUNITIES, LLC</b>	

Principal Place of Business <b>51410 MILANO DRIVE 115 MACOMB, MI 48042 US</b>	Mailing Address <b>51410 MILANO DRIVE 115 MACOMB, MI 48042 US</b>
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60004107



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01112006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-2277058</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent <b>CORPORATION COMPANY OF ORLANDO 300 SOUTH ORANGE AVE., STE. 1000 (JGH) ORLANDO, FL 32801</b>	7. Name and Address of New Registered Agent Name <b>Anthony Ferlito</b> Street Address (P.O. Box Number is Not Acceptable) <b>Unit 405</b> <b>14200 Royal Harbour Court</b> City <b>Fort Meyers</b> <b>FL</b> Zip Code <b>33908</b>
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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 	DATE <b>1-9-06</b>
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GERIC, DOMINIC G <input type="checkbox"/> Delete 51410 MILANO DRIVE #115 MACOMB, MI 48042	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERLITO, ANTHONY <input type="checkbox"/> Delete 3451 BONITA BAY BLVD #104 BONITA SPRINGS, FL 34134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Anthony Ferlito <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 27087 Gratiot Ave. Roseville, MI 48066
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
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
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
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

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.

<b>SIGNATURE:</b> 	Date <b>1-9-06</b>	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		