

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90264 011 ****50.00

DOCUMENT # L05000006318

1. Entity Name
HOME DEVCO/MONTAGE POINTE, L.L.C.



20019740



03142006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-2214829** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STEINBERG, ANDREW
5350 WEST ATLANTIC AVENUE
SUITE 100
DELRAY BEACH, FL 33484

7. Name and Address of New Registered Agent

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) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☒ Delete
NAME **HOME DEVCO/WINDSOR ISLES, INC.**
STREET ADDRESS **5350 WEST ATLANTIC AVENUE, SUITE 100**
CITY-ST-ZIP **DELRAY BEACH, FL 33484**

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Change ☒ Addition
NAME **HOME DEVCO/MONTAGE POINTE, INC**
STREET ADDRESS **5350 W. ATLANTIC AVE SUITE 100**
CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: [Signature] **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE** Home Devco/Montage Pointe Inc Manager 3/20/06 (501) 638-3600
Date Daytime Phone #