
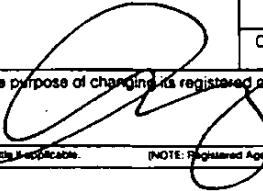



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/4

FILED
Jun 12, 2006 8:00 am
Secretary of State

05-04-2006 90020 043 ****50.00

DOCUMENT # L05000011332					
1. Entity Name 99TH AVENUE TOWNHOMES, LLC					
Principal Place of Business 2506 S. MACDILL AVENUE TAMPA, FL 33629		Mailing Address 2506 S. MACDILL AVENUE TAMPA, FL 33629			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-4523446	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			CR2E083 (11/05)		
			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MAYTS, ANDREW J JR 106 S. TAMPANIA AVENUE, SUITE 200 TAMPA, FL 33609			Name MAY		
			Street Address (P.O. Box Number is Not Acceptable) 201 N ARMERIA AVE		
			City TAMPA FL Zip Code 33609		
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 11/2/06					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Landers <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Landers & Associates, Inc <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2506 S Macdill Ave Ste A Tampa, FL 33629		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER JAMES F. LANDERS 2506 S MACDILL AVE, STE A TAMPA, FL 33629	<input type="checkbox"/> Change <input checked="" 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	
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.					
SIGNATURE:  DATE _____ Daytime Phone # _____					

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