2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2006
Secretary of State

DOCUMENT# L05000016172

Entity Name: FOX HOLLOW DEVELOPMENT LLC

Current Principal Place of Business:

66 NORTH ATLANTIC AVENUE
SUITE 205
COCOA BEACH, FL 32931

New Principal Place of Business:

Current Mailing Address:

66 NORTH ATLANTIC AVENUE
SUITE 205
COCOA BEACH, FL 32931

New Mailing Address:

FEI Number: 76-0781929 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WATSON, VICTOR M
3490 NORTH U.S. HIGHWAY ONE
COCOA, FL 32926 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: SCALES, JOSEPH R
Address: 66 N. ATLANTIC AVENUE, SUITE 205
City-St-Zip: COCOA BEACH, FL 32931 US

Title: MGRM ( ) Delete
Name: MADISON, PHILLIP A
Address: 25 COUNTRY CLUB ROAD
City-St-Zip: COCOA BEACH, FL 32931 US

Title: MGRM ( ) Delete
Name: NORMAN, KEITH
Address: 4747 S. WASHINGTON AVE, STE 166
City-St-Zip: TITUSVILLE, FL 32780

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:

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: JOSEPH SCALES MGRM 02/13/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date