

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-05-2006 90022 005 ****50.00

DOCUMENT # L05000016446 1. Entity Name WESTLAND RESIDENTIAL DEVELOPMENT, LLC																													
Principal Place of Business 1506 PRUDENTIAL DR SUITE 102 JACKSONVILLE, FL 32207		Mailing Address 1506 PRUDENTIAL DR SUITE 102 JACKSONVILLE, FL 32207																											
2. Principal Place of Business 135 2nd Ave. North Suite, Apt. #, etc. Suite 2 City & State Jacksonville Beach, FL Zip 32250 Country USA		3. Mailing Address 135 2nd Ave. North Suite, Apt. #, etc. Suite 2 City & State Jacksonville Beach, FL Zip 32250 Country USA																											
6. Name and Address of Current Registered Agent WALTERS, MICHAEL A 50 NORTH LAURA STREET, SUITE 2600 JACKSONVILLE, FL 32202		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 _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing)																													
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="width: 50%; padding: 2px;"> MANAGING MEMBER ☐ Delete JAMES ALEXANDER 135 2nd Ave. North, Suite 2 JACKSONVILLE BEACH, FL 32250 </td> </tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;">☐ Delete</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;">☐ Delete</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;">☐ Delete</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;">☐ Delete</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;">☐ Delete</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;">☐ Delete</td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGING MEMBER ☐ Delete JAMES ALEXANDER 135 2nd Ave. North, Suite 2 JACKSONVILLE BEACH, FL 32250	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="width: 50%; padding: 2px;"> ☐ Change ☐ Addition </td> </tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;">☐ Change ☐ Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;">☐ Change ☐ Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;">☐ Change ☐ Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;">☐ Change ☐ Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;">☐ Change ☐ Addition</td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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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: <u>James M. Alexander</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date: <u>3/20/06</u> Daytime Phone: <u>904 472-7136</u>																											