


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90015 036 ****50.00

DOCUMENT # L05000024509		
1. Entity Name LIBERTY BLUFF HOMES, LLC		

Principal Place of Business 901 BEGONIA ROAD CELEBRATION, FL 34747	Mailing Address 901 BEGONIA ROAD CELEBRATION, FL 34747
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20033949



2. Principal Place of Business 721 Front Street Suite, Apt. #, etc. Suite 240 City & State Celebration, FL Zip 34747 Country USA	3. Mailing Address 721 Front Street Suite, Apt. #, etc. Suite 240 City & State Celebration, FL Zip 34747 Country USA
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01172006 Chg-LLC CR2E083 (11/05)

4. FEI Number 26-1979101	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WARONKER, DAVID 901 BEGONIA ROAD CELEBRATION, FL 34747	
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7. Name and Address of New Registered Agent Name Waronker, David Street Address (P.O. Box Number is Not Acceptable) 721 Front Street Suite 240 City Celebration FL Zip Code 34747	
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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 _____ (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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WARONKER, DAVID 901 BEGONIA ROAD CELEBRATION, FL 34747 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	721 Front Street, Suite 240 <input checked="" 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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/19/06 321.939.0500