2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L05000024509

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

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

☐ Addition

☐ Change

LIBERTY	BLUFF HOMES, LLC						
901 BEGONI	ce of Business IA ROAD IN, FL 34747	Mailing Address 901 BEGONIA ROAD CELEBRATION, FL 3474	7		2003	33949	
2. Principal Place of Business 72 Front Street Suite, Apt. #, etc.		3. Mailing Address 721 FrontStreet Suite, Apr. #, etc.			01172006 Chg-LLC CR2E083 (11/05)		
Suite 240 City & State		City & State		4. FEI NL	ımber	CR2E083 (11/0	Applied For
Celebration, FL		Celebration, FL		<u> </u>	1979101	\$5.00	Not Applicable
34747 USA		34747 USH			cate of Status Desired	☐ Fee Req	Additional uired
6. Name and Address of Current Registered Agent			Name	7. Name	and Address of New F	Registered Agent	
WARONKER, DAVID 901 BEGONIA ROAD CELEBRATION EL 34747		Street Address		ddress (P.O. Box Nu	(P.O. Box Number is Not Acceptable)		
CELEBRATION, FL 34747			Sui	tr 240,			
i i			City e lector		^	FL Zip 3	ode 4747
	e named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistered office o	r registered agent, o	r both, in the State of Flo	orida. I am familiar w	ith, and accept
SIGNATURE							
<u> </u>	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: F	Registered Agent signal	ture required when reinstating)	DATE	
	iling Fee is \$50.00 ue by May 1, 2006	nd title if applicable. (NOTE: f	Registered Agent signal	ture required when reinstating	Mak	te check payable to Department of S	
	iling Fee is \$50.00		Registered Agent signal	ture required when reinstaling	Mak	te check payable t a Department of S	
9.	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBEI		10. TITLE		Mak Florid ADDITIONS	te check payable to a Department of S	tate
9. TITLE NAME	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBEI MGRM WARONKER, DAVID	RS/MANAGERS	10.		Mak Florid ADDITIONS	te check payable to a Department of S	tate
9.	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBEI	RS/MANAGERS	10. TITLE NAME		Mak Florid	te check payable to a Department of S	tate
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☐ Delete

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

TITLE

NAME

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.

STREET ADDRESS

CITY-ST-ZIP