

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-21-2006 90016 007 ****50.00

DOCUMENT # L05000024527
 1. Entity Name
 PRESERVE AT AUBURNDALE, LLC



Principal Place of Business
 901 BEGONIA ROAD
 CELEBRATION, FL 34747

Mailing Address
 901 BEGONIA ROAD
 CELEBRATION, FL 34747

20033952

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



01172006 Chg-LLC CR2E083 (11/05)

4. FEI Number
 20-2175638
 Applied For
 Not Applicable

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

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

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 CBD DEVELOPMENT, INC. 901 BEGONIA ROAD CELEBRATION, FL 34747 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mgr Waronker, David 721 Front Street, Suite 240 Celebration, FL 34747 <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
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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: _____ Date: 4/19/06 Daytime Phone #: 321 939 0570