

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000027607

FILED
Mar 30, 2006
Secretary of State

Entity Name: DEVELOPERS OF BEECHWOOD VILLAS, LLC

Current Principal Place of Business:

1464 MARKET CIRCLE
UNIT 2
PORT CHARLOTTE, FL 33953 US

Current Mailing Address:

P. O BOX 1464
ENGLEWOOD, FL 34295 US

New Principal Place of Business:

1264 MARKET CIRCLE
UNIT 2
PORT CHARLOTTE, FL 33953 US

New Mailing Address:

P. O BOX 2114
ENGLEWOOD, FL 34295 US

FEI Number: 20-2672425

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STURGES, ERNEST W JR.
18501 MURDOCK CIRCLE
SUITE 501
PORT CHARLOTTE, FL 33948 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: SCHOTT, AUBREY
Address: P.O. BOX 1464
City-St-Zip: ENGLEWOOD, FL 34295 US

Title: MGRM () Delete
Name: SCHOTT, SUSAN
Address: P.O. BOX 1464
City-St-Zip: ENGLEWOOD, FL 34295 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SCHOTT, AUBREY
Address: P.O. BOX 2114
City-St-Zip: ENGLEWOOD, FL 34295 US

Title: MGRM (X) Change () Addition
Name: SCHOTT, SUSAN
Address: P.O. BOX 2114
City-St-Zip: ENGLEWOOD, FL 34295 US

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: SUSAN SCHOTT

MGRM

03/30/2006

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