

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000037465

FILED  
Apr 28, 2006  
Secretary of State

**Entity Name:** RESERVE AT HOWEY IN THE HILLS, LLC

**Current Principal Place of Business:**

232 S. DILLARD STREET, SUITE 201  
WINTER GARDEN, FL 34787

**New Principal Place of Business:**

**Current Mailing Address:**

232 S. DILLARD STREET, SUITE 201  
WINTER GARDEN, FL 34787

**New Mailing Address:**

PO BOX 770609  
WINTER GARDEN, FL 34777

**FEI Number:** 20-4777999

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PRATT, JAMES R ESQ  
369 N. NEW YORK AVENUE, 3RD FLOOR  
WINTER PARK, FL 32789 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: MGR ( ) Delete  
Name: JUNE, ROHLAND A II  
Address: 232 S. DILLARD STREET, SUITE 201  
City-St-Zip: WINTER GARDEN, FL 34787

Title: MGR ( ) Delete  
Name: HOLSTON, ROBERT W JR  
Address: 232 S. DILLARD STREET, SUITE 201  
City-St-Zip: WINTER GARDEN, FL 34787

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROHLAND A JUNE II

MGR

04/28/2006

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