

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000042186

Entity Name: LAVACA DEVELOPMENTS, LLC

FILED
Apr 13, 2006
Secretary of State

Current Principal Place of Business:

2319 OAK STREET
JACKSONVILLE, FL 32204

New Principal Place of Business:

4090 HONEYSUCKLE CIRCLE
MIDDLEBURG, FL 32068

Current Mailing Address:

2319 OAK STREET
JACKSONVILLE, FL 32204

New Mailing Address:

4090 HONEYSUCKLE CIRCLE
MIDDLEBURG, FL 32068

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASBURY, THOMAS F
707 PENINSULAR PLACE
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

SCOTT, DOCKERY F
4090 HONEYSUCKLE CIRCLE
MIDDLEBURG, FLORIDA, FL 32068 US

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: SCOTT DOCKERY

04/13/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DOCKERY, SCOTT
Address: 2319 OAK STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: MGR (X) Delete
Name: BOARDMAN, ROLAND M
Address: 5205 107TH ST.
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DOCKERY, SCOTT
Address: 4090 HONEYSUCKLE CIRCLE
City-St-Zip: MIDDLEBURG, FL 32068

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: SCOTT DOCKERY

MGR

04/13/2006

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