

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

5 **FILED**
Jul 03, 2006 8:00 am
Secretary of State

05-09-2006 90026 001 ***500.00

DOCUMENT # L05000044696 1. Entity Name MEADOWS OF CARSON CREEK JZ, LLC			
Principal Place of Business 720 PELICAN POINT COVE BOCA RATON, FL 33431 US		Mailing Address 720 PELICAN POINT COVE BOCA RATON, FL 33431 US	
2. Principal Place of Business 2200 W. Commercial Blvd <small>Suite, Apt. #, etc.</small>		3. Mailing Address 2200 W. Commercial Blvd <small>Suite, Apt. #, etc.</small>	
City & State FL LAUDERDALE, FL Zip 33309		City & State FL LAUDERDALE, FL 33309 Zip 33309	
Country U.S.		Country U.S.	
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ZIMMERMAN, JORDAN 720 PELICAN POINT COVE BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name Jordan Zimmerman Street Address (P.O. Box Number is Not Acceptable) 2200 W. Commercial Blvd City FL LAUDERDALE	
State FL		Zip Code 33309	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		Jordan Zimmerman member <small>(NOTE: Registered Agent signature is required when reappointing)</small>	
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	<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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Jordan Zimmerman member <small>Date</small> 4/28/06 <small>Daytime Phone #</small>	