2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2006
Secretary of State

DOCUMENT# L05000052503

Entity Name: COURTNEY GATE PARKWAY, LLC

Current Principal Place of Business:

100 COLONIAL CENTER PARKWAY, SUITE 470
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

100 COLONIAL CENTER PARKWAY, SUITE 470
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 30-0318998 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CORPORATION COMPANY OF ORLANDO
300 SOUTH ORANGE AVE., SUITE 1000 (DTO)
ORLANDO, FL 32801 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: P ( ) Change (X) Addition
Name: OGIER, GERALD D
Address: 216 NOB HILL CIRCLE
City-St-Zip: LONGWOOD, FL 32779

Title: V ( ) Change (X) Addition
Name: SCHAFFER, JOHN A
Address: 3138 WINDING PINE TRAIL
City-St-Zip: LONGWOOD, FL 32779

Title: V ( ) Change (X) Addition
Name: OGIER, MARK D
Address: 616 GRAND CYPRESS POINT
City-St-Zip: SANFORD, FL 32771

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: JOHN A SCHAFFER V 03/07/2006

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