




2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90067 029 ****50.00

DOCUMENT # L05000052946 1. Entity Name LAKE JACKSON RIDGE AT MASCOTTE, LLC					
Principal Place of Business 232 S. DILLARD STREET, SUITE 201 WINTER GARDEN, FL 34787				Mailing Address 232 S. DILLARD STREET, SUITE 201 WINTER GARDEN, FL 34787	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address P.O. Box 770609 Suite, Apt. #, etc. City & State WINTER GARDEN FL Zip 34777			
04182006 Chg-LLC CR2E083 (11/05)				4. FEI Number 20-2975124	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PRATT, JAMES R ESQUIRE 369 N. NEW YORK AVENUE, 3RD FLOOR WINTER PARK, FL 32789				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</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 checked="" type="checkbox"/> Addition	
			MGRM ROHLAND A. JUNE II PO BOX 770609 WINTER GARDEN FL 34777		
			MGRM ROBERT W. HOLSTON JR P.O. BOX 770609 WINTER GARDEN FL 34777		
			MGRM FRANK CANTON, JR P.O. BOX 770609 WINTER GARDEN FL 34777		
			MGRM DAVID LITTIGEN P.O. BOX 770609 WINTER GARDEN FL 34777		
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Rohland A. June II		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small> 4-27-06 <small>Daytime Phone #</small> 407 905-8180		