

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000054803

FILED
Jun 20, 2006
Secretary of State

Entity Name: REMINGTON ROAD, L.L.C.

Current Principal Place of Business:

1635 E HIGHWAY 50
SUITE 300
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

1635 E HIGHWAY 50
SUITE 300
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 20-3050069 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LANGLEY, RYAN
1635 E HIGHWAY 50
SUITE 300
CLERMONT, FL 34711 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LANGLEY, RYAN
Address: 1635 E. HIGHWAY 50 SUITE 300
City-St-Zip: CLERMONT, FL 34711

Title: MGRM (X) Delete
Name: LACEK, MARK
Address: PO BOX 121107
City-St-Zip: CLERMONT, FL 34711

Title: MGRM (X) Delete
Name: NICHOLS, STEVE
Address: 13030 SUGARBLUFF ROAD
City-St-Zip: CLERMONT, FL 34715

ADDITIONS/CHANGES:

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

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: RYAN LANGLEY

MGR

06/20/2006

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