

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90013 050 ****50.00

20061101



03222006 Chg-LLC CR2E083 (11/05)

4. FEI Number **13-4301828** ☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAVERY, MYLES T
525 QUAIL POINT
JUPITER, FL 33458-8381

Name **N/A**
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 *Myles T. Savery*
Signature, typed or printed name of registered agent and title if applicable

Myles T. Savery

4/1/06
DATE

(NOTE: Registered Agent signature required when reinstalling)

**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	MGRM ADAMS, CHARLES E 12260 91ST AVENUE, SE SUMMERFIELD, FL 344918248 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAVERY, MYLES T 525 QUAIL POINT JUPITER, FL 334588381 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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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

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: *Myles T. Savery* **Myles T. Savery, MGRM**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/1/06
Date

(561) 818-8843
Daytime Phone #

ATTACHMENT

20027751
#L050000056564

MOBLEY, BIVENS & SELF, LLP

J. HARRY MOBLEY (1918-2003)

JAMES H. MOBLEY, JR., P.C.
jmobley@mbsllp.com

ATTORNEYS AT LAW
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TELEPHONE (404) 238-9223 FACSIMILE (404) 238-9227

L. BROWN BIVENS
lbbivens@mbsllp.com

J. PHILIP SELF
jps@mbsllp.com

April 7, 2006

Division of Corporations
Post Office Box 6478
Tallahassee, Florida 32314

In re: **Del Rio Towne Homes, LLC - Document #L05000056564**

Dear Sir/Madam:

Please find enclosed the original, fully-executed, 2006 Limited Liability Company Annual Report for the above-referenced company, along with a check made payable to the **Florida Department of State** in the amount of \$50.00 to cover the filing fees.

Thank you for your assistance.

Very truly yours,

MOBLEY, BIVENS & SELF, LLP



Ellen J. Barton, Legal Assistant to
J. Philip Self, Esq.

\ejb

Enclosures

cc: Mr. Myles T. Savery, Managing Member
J. Philip Self, Esq.