

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90035 004 \*\*\*\*50.00

**DOCUMENT # L05000057896**

1. Entity Name  
**CORDERO AUGUSTINE LLC**



Principal Place of Business  
**1808 CORDERO COURT  
THE VILLAGES, FL 32159**

Mailing Address  
**1808 CORDERO COURT  
THE VILLAGES, FL 32159**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03072006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**20-3543423**

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

**THE MILLHORN LAW FIRM  
13710 US HWY 441  
SUITE 100  
LADY LAKE, FL 32159**

Name **Marilyn B. Tucker**  
Street Address (P.O. Box Number is Not Acceptable)

**1808 Cordero Court**

City **The Villages**

**FL**

Zip Code **32159**

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

*Marilyn B. Tucker* *Marilyn B. Tucker*

*4/6/06*

Signature, typed or printed name of registered agent and state if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
TUCKER, MARILYN B  
1808 CORDERO COURT  
THE VILLAGES, FL 32159** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
Tucker, Thomas W.  
1808 Cordero Court  
The Villages, FL 32159** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ 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:**

*Marilyn B. Tucker* *Marilyn B. Tucker*

*4/6/06*

*352-753-1836*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #