## 2006 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT**

## 04-17-2006 90039 044 \*\*\*\*50.00 **DOCUMENT # L05000058430** LANCASTER COVE, LLC Mailing Address Principal Place of Business **80 LANMAN ROAD** 80 LANMAN ROAD NICEVILLE, FL 32578 NICEVILLE, FL 32578 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04032006 CR2E083 (11/05) Chg-LLC 4. FEI Number City & State City & State Applied For 20-2 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SWANICK, DAVID R III Street Address (P.O. Box Number is Not Acceptable) 80 LANMAN ROAD NICEVILLE, FL 32578 City 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE TITLE ☐ Addition Delete ☐ Change NAME SWANICK, DAVID R III NAME STREET ADDRESS **80 LANMAN ROAD** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NICEVILLE, FL 32578 MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MCELROY, ROBERT NAME 1141 BAYSHORE DRIVE STREET ADDRESS STREET ADDRESS NICEVILLE, FL 32578 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Delete TITLE Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 accordate 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 received the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the received the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the received the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the received the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the received the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the received the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the received the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the received the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the received the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the received the same legal effect as if made under oath; the limited liability company or the received the liability of t

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

**FILED** 

4-11-06 Date

Daytime Phone #

Apr 17, 2006 8:00 am Secretary of State