

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

03-29-2006 90022 047 ****50.00

DOCUMENT # L05000059202			
1. Entity Name STYLISTIC DESIGN DEVELOPERS AT TROUBLE CREEK, LLC			
Principal Place of Business 6151 SPRINGER DRIVE PORT RICHEY, FL 34668		Mailing Address 6151 SPRINGER DRIVE PORT RICHEY, FL 34668	
2. Principal Place of Business		3. Mailing Address 8806 Crescent Forest Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State New Port Richey, FL	
Zip	Country	Zip	Country
		34668	
6. Name and Address of Current Registered Agent BUSCEMA, JOHN B JR 6151 SPRINGER DRIVE PORT RICHEY, FL 34668		7. Name and Address of New Registered Agent Name: Buscema, John B 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		DATE 3/10/06	
Filing Fee is \$60.00 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	MGR BUSCEMA, JOHN B JR 6151 SPRINGER DRIVE PORT RICHEY, FL 34668 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR. BUSCEMA, JOHN B 6151 SPRINGER DR. PORT RICHEY, FL 34668 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR COVINGTON, ROBERT 6151 SPRINGER DRIVE PORT RICHEY, FL 34668 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MACALUSO, SALVATORE 6151 SPRINGER DRIVE PORT RICHEY, FL 34668 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BUSCEMA, JOHN 6151 SPRINGER DRIVE PORT RICHEY, FL 34668 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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:		DATE 3/10/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	