

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000060458

FILED
Apr 11, 2007
Secretary of State

Entity Name: THE FALLS OF PALM BAY, LLC

Current Principal Place of Business:

614 E. NEW HAVEN AVENUE
MELBOURNE, FL 32901

New Principal Place of Business:

121 DEADWOOD LANE SW
PALM BAY, FL 32908

Current Mailing Address:

614 E. NEW HAVEN AVENUE
MELBOURNE, FL 32901

New Mailing Address:

121 DEADWOOD LANE SW
PALM BAY, FL 32908

FEI Number: 04-3818146

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURTHA, KEVIN M
7640 NORTH WICKHAM ROAD
SUITE 121
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

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: MGRM () Delete
Name: SUNTONE DEVELOPMENT, GROUP, LLC
Address: 614 E. NEW HAVEN AVENUE
City-St-Zip: MELBOURNE, FL 32901

Title: MGRM () Delete
Name: REGATTA CONSTRUCTION, , LLC
Address: 2345 14TH AVE, STE 1
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SUNTONE DEVELOPMENT, GROUP, LLC
Address: 121 DEADWOOD LANE SW
City-St-Zip: PALM BAY, FL 32908

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: SUNTONE DEVELOPMENT GROUP, LLC

MGRM

04/11/2007

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