

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000065476

FILED
May 02, 2006
Secretary of State

Entity Name: JEFFERSON LAKES PRESERVE, LLC

Current Principal Place of Business:

67 MARTINIQUE AVENUE
TAMPA, FL 33606 US

New Principal Place of Business:

Current Mailing Address:

67 MARTINIQUE AVENUE
TAMPA, FL 33606 US

New Mailing Address:

FEI Number: 20-3086126 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

OTT, LEACY
67 MARTINIQUE AVENUE
TAMPA, FL 33606 US

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: STOCCARDO, DAVID
Address: POST OFFICE BOX 18632
City-St-Zip: TAMPA, FL 33679 US

Title: MGRM () Delete
Name: OTT, LEACY
Address: 67 MARTINIQUE AVENUE
City-St-Zip: TAMPA, FL 33606 US

Title: MGRM () Delete
Name: LEIBERMANN-DAVIDSON, DANIEL
Address: 1002 WEST VIRGINIA AVENUE
City-St-Zip: TAMPA, FL 33603 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVID STOCCARDO

MGRM

05/02/2006

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