2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 05, 2006 8:00 am Secretary of State 05-05-2006 90027 022 ****50.00

DOCUMENT # L05000082825 1. Entity Name PIERCE CREEK LANDING, LLC								03-03		90027		0.00	
Principal Place of Business 7835 SE SANDSHOAL WAY HOBE SOUND, FL 33455 Mailing Address 7835 SE SANDSHOAL WAY HOBE SOUND, I							· FARMIUNA	11 4 5 1 11 1 11 11 12 12 1), 22 01 22 11	3	::	(BG) (1) IBN)	
2. Principal Place of Business			3. Mailing Address 3950 RCA BLVD										
Suite, Apt. #, etc.			Suite, Apt. #, etc. STE 5000				04182006	Chg-Ll			083 (11/05)		
City & State		City & State PEACH GAR		, בעוש	Fl	4. FEI Numb	3-430	5Z.	16	<u> </u>	optied For ot Applicable		
Zip		Country	Zip 33410	Count	try		5. Certificati				\$5.00 Add Fee Require		
	6. Name a	and Address of Current R	legistered Agent				7. Name an	d Address o	f New R	egistered	Agent		
OTEEANO	OMEZI BOY				Name								
STEFANOSWKI, ROY 7835 SE SANDSHOAL WAY HOBE SOUND, FL 33455					Street Address (P.O. Box Number is Not Acceptable)								
					City					FI	Zip Cod	0	
	named entity		the purpose of changing its	registere	ed office or	register	ed agent, or b	oth, in the St	ate of Flo			and accept	
SIGNATURE .		r printed name of registered agent ar	nd title if applicable. (NOTE	: Registered	d Agent signati	re required	when reinstating)			DATE			
Filing Fee is \$50.00 Due by May 1, 2006													
											payable to nent of Stat	6	
			RS/MANAGERS	10.				ADE	Fiorida		ment of State	e	
Di		1, 2006	RS/MANAGERS	10.		ngr			Fiorida	Departr CHANGE	ment of State	e	
9. TITLE NAME STREET ADDRESS		1, 2006		TITLE NAME STREE	ET ADDRESS	BIU: 3950	S, JOHN	, ב נ סי,	Florida DITIONS/	Departi CHANGE	S Change		
9. TITLE NAME STREET ADDRESS CITY-ST-2IP		1, 2006	☐ Delete	TITLE NAME STREE CATY-	ET ADORESS -St-Zip	BILL: 3950 PALM	S, JOHN REA BU BEACU	, ב נ סי,	Florida DITIONS/	Departi CHANGE	S Change	Addition	
9. TITLE NAME STREET ADDRESS		1, 2006		TITLE NAME STREE CHTY- TITLE NAME	ET ADORESS -St-Zip	BILL 3950 PARM MGR	BEACH	J C. UD STI	Florida DITIONS/ E Soon	CHANGE	S Change		
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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:

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

JOHN BILLS

4/25/06

561-627-7551

Daytime Phone #