2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2006
Secretary of State

DOCUMENT# L05000083015

Entity Name: LOUGHMAN TOWN CENTER, LLC

Current Principal Place of Business:

45713 HWY 27
DAVENPORT, FL 33897

New Principal Place of Business:

Current Mailing Address:

PO BOX 137344
CLERMONT, FL 34713

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

4 CORNERS INSURANCE, INC.
45713 HWY 27
DAVENPORT, FL 33897 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: PALANTI, MICHAEL A
Address: PO BOX 137344
City-St-Zip: CLERMONT, FL 34713

Title: MGRM ( ) Delete
Name: PALANTI, SHARON A
Address: PO BOX 137344
City-St-Zip: CLERMONT, FL 34713

ADDITIONS/CHANGES:

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: MICHAEL PALANTI MGRM 02/08/2006

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