## FILED Jul 31, 2006 8:00 am y of State

Not Applicable

ANNUAL REPORT (AR)			Secretary of State	
DOCUMENT # LO 500  1. Entity Name  DUNE WALK PROPERTY	00083270   ENTERPRISES LLC		07-31-2006 90145 002	
DO NOT WRITI		CE	20051142	
2. Principal Place of Business	3. Mailing Address		V	
Suite P.O. BOX 6025	Suite, Apt. #, etc.		CR2E083B (8/	05)
JENSEN BEACH, FL-34957	City & State		4. FEI Number 30-0331123	Applied For Not Applicab
Zip Country	Zlp Cou	intry . =	5. Certificate of Status Desired	\$5.00 Additional Fee Required
	:	Name -	7. Name and Address of Current Registe	red Agent
DO NOT W	/RITF	LDAV	/ID HARRIS	
		Street Ac 1711	WHITEHALL DR	
IN THIS S	PACE		VIE, FL 33324	
		City	, , , , , , , , , , , , , , , , , , ,	Zip Code
8. The above named entity submits this statement the obligations of registered agent.	for the purpose of changing its registe	red office or registered	d agent, or both, in the State of Florida. I a	m familiar with, and accept
ina obligations of ragistered agent.				
SIGNATURE Signature, typed or printed name of registered ager	nt and title if applicable.		DAT	
	FEE IS Make Check Payable to F	3 \$50.00 Toride Department Y MAY 1		
9. Manager		しょうちゅう タモン 英雄な はいじ ピンゴン	4 - 4 Ca	

NAME RALPH Castellanos NAME STREET ADDRESS STREET ADDRESS P.O. Box 6025 CITY-ST-ZIP CITY-ST-ZIP Jensen Beach, FL 34957 TITLE TILE NAME NAME STREET ADDRESS Manager . STREET ADDRESS LEANNE Castellanos CITY-ST-ZIP CITY-ST-ZIP TITLE P.O. Box 6025 TITLE NAME NAME Jensen Beach, FL 34957 STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**