

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90029 016 ****50.00

20038785



03302006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-3376131** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L05000083421

1. Entity Name
PHOENIX AT CARISSA ROAD, LLC



Principal Place of Business
**P.O. BOX 926
LAKE WORTH, FL 33460**

Mailing Address
**P.O. BOX 926
LAKE WORTH, FL 33460**

2. Principal Place of Business
**777 E. Atlantic Ave.
Suite 100
Delray Beach, FL
33483 USA**

3. Mailing Address
**777 E. Atlantic Ave.
Suite 100
Delray Beach, FL
33483 USA**

6. Name and Address of Current Registered Agent

**AMOROSANA, CHRISTOPHER J
5013 SW SAINT CREEK DRIVE
PALM CITY, FL 34990**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM AMOROSANA, CHRISTOPHER J PO BOX 926 LAKE WORTH, FL 33460 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Amorosana, Christopher J. 777 E. Atlantic Ave., Suite 100 Delray Beach, FL 33483 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GUILLARO, ANTHONY P PO BOX 926 LAKE WORTH, FL 33460 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Guillaro, Anthony P. 777 E. Atlantic Ave., Suite 100 Delray Beach, FL 33483 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Christopher J. Amorosana **4/25/06** **561 441-1312**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #