


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90021 015 \*\*\*\*50.00

<b>DOCUMENT # L05000085656</b>	
1. Entity Name <b>DESOTO ACRES, LLC</b>	

Principal Place of Business <b>5610 33RD STREET EAST BRADENTON, FL 34203</b>	Mailing Address <b>5610 33RD STREET EAST BRADENTON, FL 34203</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01092006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-3428945</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>HARRISON, THOMAS W 1206 MANATEE AVENUE WEST BRADENTON, FL 34205</b>		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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		MGR Geart2 Const. Company 5610-33rd St. E. BRADENTON, FL 34203	
		MGR SUGAR MILL LLC 2307-9th Street E BRADENTON, FL 34208	
		MGR Ron Sikkema 1309-91st St. N.W. BRADENTON, FL 34209	
		MGR Ron Leunk 1007 Estremadura Drive BRADENTON, FL 34209	

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:**

*Loreen Vickers* Loreen Vickers

Date

Daytime Phone #

3/9/06 941-723-9225