


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

01-31-2006 90024 029 ****30.00
 02-23-2006 90228 012 ****25.00

DOCUMENT # L05000090402

1. Entity Name
ARBOR GROUP, LLC



Principal Place of Business
**3224 WALD ROAD
 ORLANDO, FL 32806**

Mailing Address
**3224 WALD ROAD
 ORLANDO, FL 32806**

4000J00J



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01262006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent
**WATERS, JOEY
 3224 WALD ROAD
 ORLANDO, FL 32806**

7. Name and Address of New Registered Agent
 Name **JOSEPH S. WATERS**
 Street Address (P.O. Box Number is Not Acceptable)
3224 WALD ROAD
 City **ORLANDO** FL Zip Code **32806**

I, 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: *Joey Waters* (NOTE: Registered Agent signature required when re-registering) DATE: 1-26-06

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

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRASIDENT JOEY WATERS 3224 WALD ROAD ORLANDO, FLORIDA 32806 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICIA PRASIDENT <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRASIDENT JOSEPH S. WATERS 3224 WALD ROAD ORLANDO, FLORIDA 32806 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICIA PRASIDENT ROBERT W. SULLER III 10016 SEYMOUR WAY TAMPA, FLORIDA 33626 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Joey Waters* DATE: 1-26-06 DAYTIME PHONE #: 407-235-8492



ATTACHMENT

20009889

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 3, 2006

ARBOR GROUP, LLC
3224 WALD ROAD
ORLANDO, FL 32806

Subject: ARBOR GROUP, LLC

Reference Number: C05000090402

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$30.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed annual report/uniform business report is \$50.00. If a certificate of status is desired, please add an additional \$5.00.

There is a balance due of \$20.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MH
ANNUAL REPORTS SECTION