


**FILED**  
**Jun 30, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90064 035 \*\*\*\*55.00

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

<b>DOCUMENT # L05000093263</b>					
1. Entity Name <b>COURTNEY STATION, LLC</b>					
Principal Place of Business <b>100 COLONIAL CENTER PARKWAY, SUITE 470 LAKE MARY, FL 32746</b>			Mailing Address <b>100 COLONIAL CENTER PARKWAY, SUITE 470 LAKE MARY, FL 32746</b>		
2. Principal Place of Business		3. Mailing Address			
Subs. Apt. #, etc.		Subs. Apt. #, etc.			
City & State		City & State		4. FEI Number <b>74-3156353</b> Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CORPORATION COMPANY OF ORLANDO 300 SOUTH ORANGE AVE., SUITE 1000 (DTO) ORLANDO, FL 32801</b>			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when registering.</small>					
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		<input type="checkbox"/> Delete	TITLE	<b>MBR - VICE PRES/SEC/TREAS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<b>JOHN SCHAFFER</b>	
STREET ADDRESS			STREET ADDRESS	<b>100 COLONIAL CENTER PKWY, SUITE 470</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>LAKE MARY, FL 32746</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<b>COURTNEY STATION DEVELOPMENT INC</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<b>100 COLONIAL CENTER PKWY, SUITE 470,</b>	
STREET ADDRESS			STREET ADDRESS	<b>LAKE MARY, FL 32746</b>	<b>MGR</b>
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<b>GERALD D. OGIER - MBR</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	<b>PRESIDENT</b>	
STREET ADDRESS			STREET ADDRESS	<b>100 COLONIAL CENTER PKWY, SUITE 470</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>LAKE MARY, FL 32746</b>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 606, Florida Statutes.					
SIGNATURE: <i>John A. Schaffer</i> <b>John A. Schaffer</b>			Date: <b>1/9/06</b> Phone: <b>407 333 0066</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

*re-mailed 6-27-06*