

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 08, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90075 012 \*\*\*150.00

**DOCUMENT # L05000095159**

1. Entity Name  
**HAYWOOD PARK REALTY, LLC**



Principal Place of Business  
**16510 NORTH DALE MABRY HIGHWAY  
TAMPA, FL 33618**

Mailing Address  
**16510 NORTH DALE MABRY HIGHWAY  
TAMPA, FL 33618**

**30009849**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04182006 Chg-LLC CR2E083 (11/05)

4. FEI Number

**20-3533150**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FOWLER WHITE BOGGS BANKER P.A.  
% HUNTER J. BROWNLEE  
501 E. KENNEDY BLVD., SUITE 1700  
TAMPA, FL 33602**

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

*[Signature]*

(NOTE: Registered Agent signature required when reappointing)

DATE

**6/8/06**

**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  
**MEM  
CRAIG, CN  
4313 Harbor Watch Ln  
Lutz, FL 33558**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MEM  
Davies, Kieran  
4313 Harbor Watch Ln  
Lutz, FL 33558**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ 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:

*[Signature]*

**6/8/06**

Date

**813 963 1300**

Daytime Phone