

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000096577

Entity Name: JORDAN RESIDENTIAL, LLC

FILED  
Mar 15, 2006  
Secretary of State

## Current Principal Place of Business:

1100 TOWN PLAZA COURT  
2010  
WINTER SPRINGS, FL 32708 US

## New Principal Place of Business:

1085 WEST MORSE BOULEVARD  
WINTER PARK, FL 32789 US

## Current Mailing Address:

1100 TOWN PLAZA COURT  
2010  
WINTER SPRINGS, FL 32708 US

## New Mailing Address:

1085 WEST MORSE BOULEVARD  
WINTER PARK, FL 32789 US

FEI Number: 20-3567137

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEE, GREGORY D  
1100 TOWN PLAZA COURT  
2010  
WINTER SPRINGS, FL 32708 US

## Name and Address of New Registered Agent:

LEE, GREGORY D  
1085 WEST MORSE BOULEVARD  
WINTER PARK, FL 32789 US

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.

SIGNATURE:

03/15/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: JORDAN EDVENTURES, L, LC  
Address: 1100 TOWN PLAZA COURT, SUITE 2010  
City-St-Zip: WINTER SPRINGS, FL 32708 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: JORDAN EDVENTURES, L, LC  
Address: 1085 WEST MORSE BOULEVARD  
City-St-Zip: WINTER PARK, FL 32789 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GREGORY D LEE

MGR

03/15/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date