2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2006
Secretary of State

DOCUMENT# L05000098677

Entity Name: FOX HOLLOW PROPERTIES, LLC.

Current Principal Place of Business:

400 ROYAL PALM WAY
304
PALM BEACH, FL 33480 US

New Principal Place of Business:

Current Mailing Address:

400 ROYAL PALM WAY
304
PALM BEACH, FL 33480 US

New Mailing Address:

FEI Number: 20-3592092 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIMSES & ASSOCIATES, P.A.
400 ROYAL PALM WAY
304
PALM BEACH, FL 33480 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	GIACALONE, FRANK J JR.	
Address:	4333 N. OCEAN BOULEVARD, UNIT CS4	
City-St-Zip:	DELRAY BEACH, FL 33444	
Title:	MGRM	( ) Delete
Name:	MALLORY, LOUISE S	
Address:	4333 N. OCEAN BOULEVARD, UNIT CS4	
City-St-Zip:	DELRAY BEACH, FL 33444	
Title:	MGRM	(X) Delete
Name:	CALLORI, CONSTANCE	
Address:	61 LISA LANE	
City-St-Zip:	STATEN ISLAND, NY 10312	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: FRANK J. GIACALONE, JR. MGRM 01/26/2006

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