


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 25, 2006 8:00 am
Secretary of State

05-25-2006 90118 044 ****50.00

DOCUMENT # L05000102526	
1. Entity Name 106TH AVENUE TOWNHOMES, LLC	

Principal Place of Business 10623 - 106TH AVENUE NORTH LARGO, FL 33772	Mailing Address POST OFFICE BOX 7568 SEMINOLE, FL 33775
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



05222006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3879048		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent SCHULER, TIMOTHY C ESQUIRE 9075 SEMINOLE BOULEVARD SEMINOLE, FL 33772		7. Name and Address of New Registered Agent 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by September 6, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Managing member James M. Hendry 10623 106th Ave. N. Seminole, FL 33772</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *James M. Hendry* **5/22/06** **727-459-4084**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #