

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000105214

FILED
Apr 05, 2006
Secretary of State

Entity Name: LANGDON ESTATES PROPERTY MANAGERS, LLC

Current Principal Place of Business:

6021 BAHIA DEL MAR CIRCLE, UNIT 535
ST. PETERSBURG, FL 33715

New Principal Place of Business:

6021 BAHIA DEL MAR CIRCLE, UNIT 535
ST. PETERSBURG, FL 33715 US

Current Mailing Address:

6021 BAHIA DEL MAR CIRCLE, UNIT 535
ST. PETERSBURG, FL 33715

New Mailing Address:

6021 BAHIA DEL MAR CIRCLE, UNIT 535
ST. PETERSBURG, FL 33715 US

FEI Number: 76-0804681

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILBERSTEIN, DAVID M
720 SOUTH ORANGE AVENUE
SARASOTA, FL 34236 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: MGR () Delete
Name: HOUGHTON, KENNETH J
Address: 6021 BAHIA DEL MAR CIRCLE, UNIT 535
City-St-Zip: ST. PETERSBURG, FL 33715

Title: MGR () Delete
Name: HOUGHTON, LINDA
Address: 6021 BAHIA DEL MAR CIRCLE, UNIT 535
City-St-Zip: ST. PETERSBURG, FL 33715

ADDITIONS/CHANGES:

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: KENNETH J. HOUGHTON

MGR

04/05/2006

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