

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2006 JAN 25 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BR



DOCUMENT # L05000106008			
1. Entity Name NAUTILUS DEVELOPMENT GROUP MANAGERS, L.L.C.			
Principal Place of Business 1551 SANDSPUR ROAD MAITLAND, FL 32751		Mailing Address 1551 SANDSPUR ROAD MAITLAND, FL 32751	
2. Principal Place of Business		3. Mailing Address P.O. Box 4961	
Suite, Apt #, etc		Suite, Apt #, etc	
City & State		City & State Orlando, FL	
Zip	Country	Zip	Country
		32802	U.S.A.
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 NORTH ORANGE AVENUE, SUITE 1100 ORLANDO, FL 32801		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
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	MGR MISSIGMAN, PAUL M 1551 SANDSPUR ROAD MAITLAND, FL 32751 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	200065113702 02/03/06--01008--010 **50.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CULP, W. SCOTT 1551 SANDSPUR ROAD MAITLAND, FL 32751 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DODDY, TRICIA 1551 Sandspur Road Maitland, FL 32751 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BROCK, JAY P. 1551 Sandspur Road Maitland, FL 32751 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: _____		407-741-3500	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE TRICIA DODDY, MANAGER		Date Daytime Phone #	