## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED

2006 JAN 25 PM 3: 39 DOCUMENT # L05000108263 1. Entity Name CAMBRIDGE COVE DEVELOPMENT GROUP SECRETARY OF STATE TALLAHASSEE, FLORIDA MANAGERS, L.L.C. Principal Place of Business Mailing Address 1551 SANDSPUR ROAD 1551 SANDSPUR ROAD MAITLAND, FL 32751 MAITLAND, FL 32751 2. Principal Place of Business Mailing Address P.O. BOX 4961 Suite, Apt #, etc Suite, Apt #, etc. 01192006 Chg-LLC CR2E083 (11/05) Applied For City & State City & State
Orlando (FL 4. FEI Number 20-4141869 Not Applicable Zip Country Zip Country (1.5. \$5.00 Additional 5. Certificate of Status Desired П 32802 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **B&C CORPORATE SERVICES OF CENTRAL FLORIDA** Street Address (P.O. Box Number is Not Acceptable) 390 NORTH ORANGE AVENUE, SUITE 1100 ORLANDO, FL 32801 City 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 1 am familiar with, and accept the obligations of registered agent SIGNATURE Speakure, typed or printed name of registered agent and talls if applicable (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 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE Change Addition MISSIGMAN, PAUL M NAME NAME 02/03/06--01008--004 \*\*\*\$ 1551 SANDSPUR ROAD STREET ADDRESS STREET ADDRESS \*\*\*50.00 CITY - ST - ZIP MAITLAND, FL 32751 CITY-ST-ZIP MGR ☐ Delete TITLE Change Addition TITLE CULP, W. SCOTT NAME NAME STREET ADDRESS 1551 SANDSPUR ROAD STREET ADDRESS MAITLAND, FL 32751 CITY-ST-ZIP CITY-ST-ZIP mer TITLE ☐ Delete TITLE ☐ Change Addition Brock, JAY P. NAME NAME 1551 Sandspur Road STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZEP Moitland, FL 32751 TITLE ☐ Delete TITLE ☐ Change ☐ Addition MARAE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Deleta TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: <u>407.741.8500</u>

OR EPUNTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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SIGNATURE AND TYPED