## **2006 LIMITED LIABILITY COMPANY**

ANNUAL REPORT							Secretary of State			
DOCUMENT # L05000111284										
1. Entity Name     INDIGO CLERMONT LLC							01-23-2006	90138 008 ****5	50.00	
INDIGOC	LERMONT LLC									
Principal Place	e of Business	•	Mailing Address							
2075 CENTRE POINTE BLVD.			2075 CENTRE POINTE BLVD.							
TALLAHASSEE, FL 32308			TALLAHASSEE, FL 32	308						
						1.6616				
2. Principal Place of Business 1530 Cornerstone Blve.			3. Mailing Address							
Suite, Apt. #, etc.			P. O. Box 10809 Suite, Apt. #, etc.							
Ste. 100			Sale, Apr. #. etc.			0117200	6 Chg-LLC	CR2E083 (11/05	)	
City & State			City & State		4. FEI Nu	mber		pplied For		
Daytona Beach, FL			Daytona Beach, FL						lot Applicable	
Zip 32117	Country US		Zip 32120-0809	Coun	try	5. Certific	ate of Status Desired	☐ \$5.00 A		
	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
HOUSE INNEST					Name Robert F. Apgar					
HOUFF, JANICE T 2075 CENTRE POINTE BLVD.					Street Address (P.O. Box Number is Not Acceptable) 1530 Cornerstone Blvd., Ste. 100					
TALLAHAS	SSEE, FL 32308				155	o dornerst	One biva.	2201 200		
					Daytona Beach FL Zip Code 32120-0809					
8. The above	named entity submits this	s statement for	the purpose of changing its	registere		tona Beach registered agent, or		lorida. I am familiar with	and accept	
the obligati	ions of registered agent	Δ		-				_		
SIGNATURE _	1 40000		4.00					8.06		
	Signature, typed or printed name of	red stered agent an	id title if applicable. (NOT	E: Hegistere	d Agent signatu	re required when reinstating	1	DATE		
	ling Fee is \$50.00							ke check payable to	•	
	ue by May 1, 2006						Flone	da Department of Sta	ite	
9.	MANAC	GING MEMBER	S/MANAGERS	10.			ADDITIONS	S/CHANGES		
TITLE	,		☐ Delete	ומנו		MGRM	_	Change Change	☐ Addition	
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CITY-ST-ZIP				CITY	-51-712 1		rstone Blve			
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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.

Indigo Development Inc., as managing general partner

SIGNATURE:

Linda Crisp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATUR MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

386-274-2202