


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 30, 2006 8:00 am
Secretary of State

04-28-2006 90020 021 ****50.00

DOCUMENT # L06000043883 1. Entity Name LIBERTY BLUFF HOMES PHASE VI, LLC.			
Principal Place of Business 721 FRONT STREET, SUITE #240 CELEBRATION, FL 34747		Mailing Address 721 FRONT STREET, SUITE #240 CELEBRATION, FL 34747	
2. Principal Place of Business 721 Front St # 240 Suite, Apt. #, etc.		3. Mailing Address 721 Front St Suite, Apt. #, etc.	
City & State Celebration		City & State FL	
Zip 34747		Country USA	
4. FEI Number 20-2920569		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 WARONKER, DAVID 721 FRONT STREET, SUITE #240 CELEBRATION, FL 34747		7. Name and Address of New Registered Agent Name 721 Front St # 240 Street Address (P.O. Box Number is Not Acceptable) City Celebration FL Zip Code 34747	
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 renewing) 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	MGRM WARONKER, DAVID 721 FRONT STREET, SUITE #240 CELEBRATION, FL 34747 <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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		5/21/06 : 321-939-0770 <small>Date Daytime Phone #</small>	

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