2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L9300000158

1. Entity Name

FONTENAY CUSTOM HOMES, L.C.



Principal Place of Business

535 NORTH PARK AVENUE WINTER PARK, FL 32789 Mailing Address

PO BOX 1508

WINTER PARK, FL 32790

FILED May 03, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

04272006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3230501

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, WARREN E 535 N PARK AVENUE WINTER PARK, FL 32789

DO NOT WRITE IN THIS SPACE

	e named entity submits this statement for the purpose of char tions of registered agent	nging its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable,	(NOTE Registered Agent signature required when religitating)	DATE	
F D	iling Fee is \$50.00 ue by May 1, 2006			
9.	MANAGING MEMBÉRS/MANAGERS			
TITLE	MGRM			
NAME	GARBE, UDO			
STREET ADDRESS	PO BOX 1508			
CITY-ST-ZIP	WINTER PARK, FL 32790		U00000562567	
TITLE	MGRM		05/19/06-80059-018 50.00	
NAME	GARBE, ANGELIKA		00,10,00 00000 010 00100 -	
STREET ADDRESS	PO BOX 1508			
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TITLE				

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>Udo Garbe</u>

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

10el VC

moon 4/28/06

(407)629-908

Daytime Phone #