

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000004969

1. Entity Name

AUSTIN PROPERTIES OF CENTRAL FLORIDA, L.L.C.



Principal Place of Business

1564 FARRINDON CIRCLE
HEATHROW, FL 32746

Mailing Address

1564 FARRINDON CIRCLE
HEATHROW, FL 32746



02052006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

59-3596245

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WILCOCK, GEOFFREY A
1564 FARRINDON CIRCLE
HEATHROW, FL 32746

**DO NOT WRITE
IN THIS SPACE**

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

[Signature]
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate.)

2/6/04
DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

U000000427601
02/21/06-80014-004 50.00

**DO NOT WRITE
IN THIS SPACE**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	WILCOCK, GEOFFREY A
STREET ADDRESS	1564 FARRINDON CIRCLE
CITY-ST-ZIP	HEATHROW, FL 32746
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 609, Florida Statutes.

SIGNATURE:

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

2/6/04 407333 2377
Date Daytime Phone #