2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000005410

1. Entity Name
151 LOOKOUT PLACE, L.L.C.



FILED Mar 06, 2006 08:00 AM Secretary of State

Principal Place of Business

151 LOOKOUT PLACE

SUITE 110 MAITLAND, FL 32751 Mailing Address

151 LOOKOUT PLACE SUITE 110 MAITLAND, FL 32751



4. FEI Number 59-3595101

Applied For Not Applicat

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KUTNER, STEVEN R 151 LOOKOUT PLACE SUITE 110 MAITLAND, FL 32751

SIGNATURE.

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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.	
	the abligations of registered agent.	•

Filing Fee is \$50.00 Due by May 1, 2008 (NOTE: Registered Agent signature required when reinstating)

DATE

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Signature, typed or printed name of registered agont and title if applicable.

########\$&146 03/16/06 80017-005 **50.00**

9. MANAGING MEMBERS/MANAGERS MGRM TITLE NAME THOLLANDER, ROBERT E 151 LOOKOUT PLACE SUITE 201 STREET ADDRESS CHY-ST-ZIP MAITLAND, FL 32751 MGRM TITLE NAME GILDEN, IAN L STREET ADDRESS 151 LOOKOUT PLACE SUITE 110 CITY-ST-ZIP MAITLAND, FL 32751 MGRM TITLE NAME KUTNER, STEVEN R 151 LOOKOUT PLACE SUITE 110 STREET ADDRESS CITY-ST-ZIP MAITLAND, FL 32751 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS City-St-IIP TITLE NAME STREET ADDRESS

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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:

CITY-ST-ZIP

Robert E. Shallanda

Managine Menter 3.3.06

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