

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # M01000000234

1. Entity Name

TRANSWESTERN AUDUBON VILLAS GP, L.L.C.



Principal Place of Business

250 S. AUSTRALIAN AVENUE
SUITE 1003
WEST PALM BEACH FL 33401

Mailing Address

250 S. AUSTRALIAN AVENUE
SUITE 1003
WEST PALM BEACH FL 33401



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number
36-4255307

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

UN00000515797
04/29/06-80222-025 50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME SCHLESINGER, ADAM
STREET ADDRESS 250 S. AUSTRALIAN AVENUE, SUITE 1003
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME SCHLESINGER, JASON
STREET ADDRESS 250 S. AUSTRALIAN AVENUE, SUITE 1003
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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 Section 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: