

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000002421

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: FOX POINTE PROPERTIES, LTD. CO.

**Current Principal Place of Business:**

5745 S. W. 43RD ST RD.  
OCALA, FL 34474

**New Principal Place of Business:**

**Current Mailing Address:**

5745 S.W. 43RD ST RD  
OCALA, FL 34474

**New Mailing Address:**

FEI Number: 34-1959447

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MACKAY, DAVID L  
2801 SOUTHWEST COLLEGE ROAD, SUITE #9  
OCALA, FL 34474 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ONORATO, RICHARD  
Address: 5745 S.W. 43RD ST RD  
City-St-Zip: OCALA, FL 34474

Title: MGRM ( ) Delete  
Name: LAWROSKI, GREG  
Address: 5745 S.W. 43 TH AVE RD  
City-St-Zip: OCALA, FL 34474

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GREG LAWROSKI

MGMR

04/27/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date