

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002270

**FILED**  
**Feb 27, 2006**  
**Secretary of State**

**Entity Name:** ENTRYWAY DEVELOPERS, LLC

**Current Principal Place of Business:**

10161 CENTURION PARKWAY NORTH, STE. 190  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

10739 DEERWOOD PARK BLVD., SUITE 300  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

10161 CENTURION PARKWAY NORTH, STE. 190  
JACKSONVILLE, FL 32256

**New Mailing Address:**

10739 DEERWOOD PARK BLVD., SUITE 300  
JACKSONVILLE, FL 32256

**FEI Number:** 82-0560539

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: LANDMAR GROUP, LLC,  
Address: 10161 CENTURION PARKWAY NORTH, STE. 190  
City-St-Zip: JACKSONVILLE, FL 32256

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LANDMAR GROUP, LLC,  
Address: 10739 DEERWOOD PARK BLVD., SUITE 300  
City-St-Zip: JACKSONVILLE, FL 32256

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: EDWARD E. BURR

MGR

02/27/2006

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