## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 21, 2006 8:00 am Secretary of State

DOCUMENT # M02000002831  1. Entity Name THE COTTAGES AT SILVER OAKS, LLC					04-21-2006 90015 043 ****50.00			
Principal Place of Business 901 BEGONIA ROAD CELEBRATION, FL 34747		Mailing Address 803 BIRCHFIELD DR. MT. LAUREL, NJ 08054			20033942			
	lace of Business	3. Mailing Address 721 Front Str. Suite, Apt. #, etc.	eet.					
Suite 240 Sity & State		Suite240 City & State		01172006	Chg-LLC 	CR2E083 (11/05)	pplied For	
Celet	pration, FC	Celebration	Country	04-37	14705		lot Applicable	
3474	4	34747	<u>usa</u>		e of Status Desired	S5.00 Ac		
-	6. Name and Address of Current F	Registered Agent	Name	7. Name an	d Address of New Re	egistered Agent		
WARONKER, DAVID A			Wa	Street Address (P.O. Box Number is Not Acceptable)				
901 BEGONIA ROAD CELEBRATION, FL 34747			72)	Front ST	TC CT	,		
	.,,,,		Su	ite 240				
			Qitye),	obration		FL Zing Co	7747	
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	gistered office or	registered agent, or b	oth, in the State of Flo	rida. I am familiar with	, and accept	
( ile obligat	ions of registered agent.							
CICNIATURE								
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: R	egistered Agent signati	ure required when reinstating)	I	DATE		
Fi	Signature, typed or printed name of registered agent a liling Fee Is \$50.00 we by May 1, 2006	nd title if applicable. (NOTE: R	legislered Agent signati	ure required when reinstating)		DATE  check payable to Department of Sta	te	
Fi	iling Fee is \$50.00		egislered Agent signati			e check payable to Department of Sta	te	
9.	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBER		10. TITLE		Florida ADDITIONS/	e check payable to Department of Sta	te Addition	
Fi D	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBER	RS/MANAGERS	10.		ADDITIONS/ David Street, Sui	check payable to Department of Sta		
9. TITLE NAME	Illing Fee Is \$50.00 ue by May 1, 2006  MANAGING MEMBER MGR CBD DEVELOPMENT, INC.	RS/MANAGERS Defete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP		ADDITIONS/ David Street, Sui	check payable to Department of Sta	☐ Addition	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGR CBD DEVELOPMENT, INC. 803 BIRCHFIELD DR.	RS/MANAGERS	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	mbr waronters	ADDITIONS/ David Street, Sui	check payable to Department of Sta		
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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 mastee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED HOME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

CITY-ST-ZIP

321.939.007