

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-21-2006 90015 043 \*\*\*\*50.00

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01172006 Chg-LLC CR2E083 (11/05)

<b>DOCUMENT # M02000002831</b> 1. Entity Name <b>THE COTTAGES AT SILVER OAKS, LLC</b>					
Principal Place of Business <b>901 BEGONIA ROAD CELEBRATION, FL 34747</b>			Mailing Address <b>803 BIRCHFIELD DR. MT. LAUREL, NJ 08054</b>		
2. Principal Place of Business <b>721 Front Street</b> Suite, Apt. #, etc. <b>Suite 240</b> City & State <b>Celebration, FL</b> Zip <b>34747</b> Country <b>USA</b>		3. Mailing Address <b>721 Front Street</b> Suite, Apt. #, etc. <b>Suite 240</b> City & State <b>Celebration, FL</b> Zip <b>34747</b> Country <b>USA</b>		4. FEI Number <b>04-3714705</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required				6. Name and Address of Current Registered Agent  <b>WARONKER, DAVID A 901 BEGONIA ROAD CELEBRATION, FL 34747</b>	
7. Name and Address of New Registered Agent Name <b>Waronker, David</b> Street Address (P.O. Box Number is Not Acceptable) <b>721 Front Street</b> <b>Suite 240</b> City <b>Celebration</b> State <b>FL</b> Zip Code <b>34747</b>				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR CBD DEVELOPMENT, INC. 803 BIRCHFIELD DR. MT. LAUREL, NJ 08054</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>mbr Waronker, David 721 Front Street, Suite 240 Celebration, FL 34747</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> _____ <b>4/19/06 321.939.0150</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					