


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 22, 2006 8:00 am**  
**Secretary of State**

05-22-2006 90208 038 \*\*\*\*50.00

<b>DOCUMENT # M03000001061</b>	
1. Entity Name <b>PROVENCE AT MARCO LLC</b>	

Principal Place of Business <b>19 MAUREEN DRIVE MT. SINAI NY 11766</b>	Mailing Address <b>19 MAUREEN DRIVE MT. SINAI NY 11766</b>
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2. Principal Place of Business <b>22050 S. TAMIAHI TR.</b>	3. Mailing Address <b>22050 S. TAMIAHI TR.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/05)

City & State <b>ESTERO, FL</b>	City & State <b>ESTERO, FL</b>
Zip <b>33928</b>	Zip <b>33928</b>
Country <b>USA</b>	Country <b>USA</b>

4. FE# Number <b>54-2104741</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>NATIONSCORP REGISTERED AGENTS, INC. 1574 VILLAGE SQUARE BLVD SUITE 100 TALLAHASSEE FL 32309</b>
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

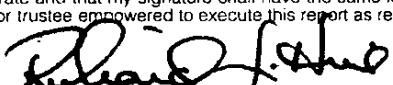
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PROVENCE AT MARCO CORP. % RICHARD J. HINE/19 MAUREEN DRIVE MT. SINAI NY 11766 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PROVENCE AT MARCO CORP. % RICHARD J. HINE 22050 S. TAMIAHI TR ESTERO FL 33928 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICHARD J. HINE 22050 S. TAMIAHI TRAIL ESTERO, FL 33928 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **RICHARD J. HINE** 3/6/06 239-444 3715  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #