


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

\$50.00

DOCUMENT # M96000000475	
1. Entity Name ENCORE COMMUNITIES, L.L.C.	

FILED

04 MAY 27 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E083 (11/03)

Principal Place of Business 6991 E. CAMELBACK #B-360 SCOTTSDALE AZ 85251	Mailing Address 6991 E. CAMELBACK #B-360 SCOTTSDALE AZ 85251
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2. Principal Place of Business 6991 E. CAMELBACK RD Suite, Apt. #, etc. B310	3. Mailing Address 6991 E. CAMELBACK RD Suite, Apt. #, etc. B310
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City & State SCOTTSDALE, AZ	City & State SCOTTSDALE, AZ	4. FEI Number 86-0842593	Applied For <input type="checkbox"/> Not Applicable
Zip 85251	Country USA	Zip 85251	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEMB-GP, L.P. 6991 E. CAMELBACK #B-360 SCOTTSDALE AZ 85251 <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	000037712430 06/07/04--01007--006 **200.00 <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 exemption stated in Section 119.07(3)(i), 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:  5-25-04 4804235700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

BY: David A. Napp, President, IUHQ, Inc., as Authorized Signatory