
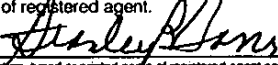



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90261 014 \*\*\*\*50.00

<b>DOCUMENT # M98000000724</b> 1. Entity Name <b>LAUDERDALE-REGENCY SQUARE, L.L.C.</b>																													
Principal Place of Business <b>850 SW MARTIN DOWNS BLVD PALM CITY, FL 34990</b>			Mailing Address <b>P.O. BOX 359 STUART, FL 34995</b>																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State		4. FEI Number <b>65-0844931</b>																									
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>CHAR O'DONNELL, ADMINISTRATOR 850 SW MARTIN DOWNS BLVD. PALM CITY, FL 34990</b>				7. Name and Address of New Registered Agent Name <b>Stanley R. Garris</b> Street Address (P.O. Box Number is Not Acceptable) <b>850 SW Martin Downs Blvd.</b> City <b>Palm City</b> <b>FL</b> Zip Code <b>34990</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  <b>Stanley R. Garris</b> <b>2-1-2006</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>																													
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>																										
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:55%;">MGR</td> <td style="width:30%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GARRIS, STANLEY R</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2440 SE FEDERAL HIGHWAY, SUITE 600</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>STUART, FL 34994</td> <td></td> </tr> </table>			TITLE	MGR	<input checked="" type="checkbox"/> Delete	NAME	GARRIS, STANLEY R		STREET ADDRESS	2440 SE FEDERAL HIGHWAY, SUITE 600		CITY-ST-ZIP	STUART, FL 34994		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:55%;">MGR</td> <td style="width:30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Stanley R. Garris</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>850 SW Martin Downs Blvd.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Palm City, Fl 34990</td> <td></td> </tr> </table>			TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Stanley R. Garris		STREET ADDRESS	850 SW Martin Downs Blvd.		CITY-ST-ZIP	Palm City, Fl 34990	
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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>Stanley R. Garris</b> <b>2-1-2006</b> <b>772-287-1844</b>																										
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>																										