


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # M99000001838 1. Entity Name DESOTO VILLAGE, L.L.C.	
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Principal Place of Business 4810 STATE ROUTE 72 NW ARCADIA, FL 34266	Mailing Address COOK COMPANIES 1826 S. MAIN ST. AKRON, OH 44301
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DO NOT WRITE IN THIS SPACE



01062006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 34-1908711	Applied For Not Applicable
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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 COOK, JAMES L 7100 SUNSET WAY PH 7 ST. PETE BEACH, FL 33706
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COOK, JAMES L 7100 SUNSET WAY PH7 ST. PETE BEACH, FL 33706
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COOK, DAVID L 1826 S. MAIN ST. AKRON, OH 44301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOLFE, TERRY W 1826 S. MAIN ST. AKRON, OH 44301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/20/06-80012-001 50.00

**DO NOT WRITE
IN THIS SPACE**

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 609, Florida Statutes.

SIGNATURE: Terry W. Wolfe **1/10/06** **330-773-3351**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #