2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000070271

1. Entity Name

GV COBBS LANDING, INC.

Principal Place of Business

650 S NORTHAKE BLVD

STE 450

ALTAMONTE SPRINGS, FL 32701

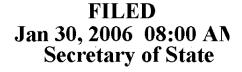


Mailing Address

650 S NORTHAKE BLVD

STE 450

ALTAMONTE SPRINGS, FL 32701





DO NOT WRITE IN THIS SPACE

No Chg-P 01132006 4. FEI Number Applied For 59-3728713 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

LECCESE, SALVADOR F 650 S NORTHLAKE BLVD STE 450

ALTAMONTE SPRINGS, FL 32701

DO NOT WRITE IN THIS SPACE

the obligati	named entity submits this statement for the pons of registered agent.			egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution,			
10. Title Name Street address City-St-Zip	OFFICERS AND DIRECT D LECCESE, SALVADOR F 650 S NORTHLAKE BLVD STE 450 ALTAMONTE SPRINGS, FL 32701	CTORS		ነጠግብግግለበንግስዕላ	
TITLE NAME STREET ADDRESS CITY+ST-ZIP				.	U00000407084 02/08/06-80002-007 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,			NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY+ST-ZIP			:		
TITLE NAME STREET ADDRESS					

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR