2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address,

SIGNATURE:

with all other like empowered.

NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED **DOCUMENT # P02000114167** Apr 17, 2006 08:00 AN 1. Entity Name Secretary of State VILLAS AT BLACKBURN, INC. Mailing Address Principal Place of Business 5306 CORTEZ RD WEST 5306 CORTEZ RD WEST STE 4 STE 4 **BRADENTON FL 34210 BRADENTON FL 34210** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE City & State City & State 4. FEI Number Applied For 54-2080297 Not Applicable Zφ Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HOWELL, ERIC D Street Address (P.O. Box Number is Not Acceptable) 5306 CORTEZ RD WEST STE 4 **BRADENTON FL 34210** City Zip Code FL 8. The above named spitty 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 SIGNATURE (NOTE Registered Agent signature registed when reinstation) registered agent and title it applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ŧQ, ☐ Delete ☐ Change ☐ Addition TITLE TITLE U00000512358 NAME NAME HOWELL, ERIC D 04/29/06-80085-024 150.00 STREET ADDRESS STREET ADDRESS 5306 CORTEZ ROAD WEST STE 4 CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL 34210 ☐ Change ☐ Addition ☐ Delete TITLE TITLE BALDWIN, J. BRADFORD NAME NAME STREET ADDRESS STREET ADDRESS PO BOX 605 BOCA GRANDE FL 33921 CITY -ST - ZIP CITY - ST - ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Change Addition Defete TETLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP ☐ Change ☐ Addition THE ☐ Delete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY -ST-ZIP CITY-ST-ZIP 12. 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 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 of the production of 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