

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

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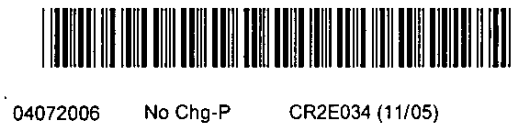
DOCUMENT # P96000090204
 1. Entity Name
 NLS COMMUNITIES BUILDING & DESIGN, INC.



Principal Place of Business 5000 T-REX AVE SUITE 150 BOCA RATON, FL 33431	Mailing Address 5000 T-REX AVE SUITE 150 BOCA RATON, FL 33431
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40077700

DO NOT WRITE IN THIS SPACE



04072006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0706661	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 KOEPEL, JOEL P
 222 LAKEVIEW AVENUE
 SUITE 260
 W. PALM BEACH, FL 33401

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SIEGEL, NED L 5000 T-REX AVE, STE 150 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS GRUNDT, BRUCE S 5000 T-REX, STE 150 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ROTHMAN, FRED B 5000 T-REX AVE, STE 150 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 of the same 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]* VP **BRUCE S. GRUNDT** 4/27/06 (561) 998-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40077786

5000 T-Rex Avenue, Suite 150
Boca Raton, FL 33431
Tel: (561) 998-9200 Fax: (561) 998-7882

VIA CERTIFIED MAIL - 7006 0100 0002 3717 5863

April 27, 2006

Florida Department of State
Division of Corporations
PO Box 6478
Tallahassee, FL 32314

RE: Annual Report - 2006

Enclosed, please find the below listed entities payment(s) for the annual report, as follows:

<u>Entity</u>	<u>Document #</u>	<u>Payment</u>
NLS Communities, Inc	P96000090200	\$ 150.00
NLS Communities, Building & Design	P96000090204	\$ 150.00
SG of South Florida, Inc	P98000047532	\$ 150.00
SG at Ibis, Inc	P96000090221	\$ 150.00

Very truly yours,



Roseann Coraci
NLS Communities