2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P97000108477

Entity Name: LAS PALMAS COLONY VILLAS, INC.

FILED Sep 16, 2005 Secretary of State

Current Pr	incipal Pl	ace of Business:	New Principal Place	New Principal Place of Business:	
C/O LANDM 5692 STRA NAPLES, F	ND COUR	/ELOPMENT GROUP RT US			
Current Mailing Address:			New Mailing Address:		
C/O LANDI 5692 STRA NAPLES, F	ND COUR	/ELOPMENT GROUP RT US			
FEI Number:	59-3484358	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address o	of Current Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
SUITE 309	RVIEW Ć	P.C. ENTER BOULEVARD L 34134 US			
The above in the State			rpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	E:				
	Elec	tronic Signature of Registered Ager	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name:	DPS SHAFRAN,	()Delete ARTHUR A	Title: DPS Name: SHAFRAN,	(X) Change () Addition ARTHUR A	

5692 STRAND COURT Address: 5692 STRAND COURT Address: City-St-Zip: NAPLES, FL 34110 City-St-Zip: NAPLES, FL 34110 US Title: DV () Delete Title: DV (X) Change () Addition PIERCE, JAMES E PIERCE, JAMES E Name: Name: Address: Address: 5692 STRAND COURT 5692 STRAND COURT NAPLES, FL 34110 US NAPLES, FL 34110 City-St-Zip: City-St-Zip: Title: Title: (X) Change () Addition VTAS () Delete TAS Name: TEETS, DAVID Name: AVERY, MARK 5692 STRAND COURT Address: 5692 STRAND COURT Address: City-St-Zip: NAPLES, FL 34110 City-St-Zip: NAPLES, FL 34110 US Title: () Delete Title: DV () Change (X) Addition DIAMOND, MICHAEL S Name: Name: Address: Address: 5692 STRAND COURT City-St-Zip: City-St-Zip: NAPLES, FL 34110 US Title: Title: () Change (X) Addition () Delete PIERCE, CHRISTOPHER J Name: Name: Address: Address: 5692 STRAND COURT NAPLES, FL 34110 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR A SHAFRAN DPS 09/16/2005