

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000043084

FILED  
Mar 23, 2012  
Secretary of State

**Entity Name:** CENTRAL SUMTER UTILITY COMPANY, LLC

**Current Principal Place of Business:**

1020 LAKE SUMTER LANDING  
THE VILLAGES, FL 32162

**New Principal Place of Business:**

**Current Mailing Address:**

1020 LAKE SUMTER LANDING  
THE VILLAGES, FL 32162

**New Mailing Address:**

FEI Number: 20-0374714

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROY, STEVEN M  
1028 LAKE SUMTER LANDING  
THE VILLAGES, FL 32162 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: THE VILLAGES OPERATING COMPANY  
Address: 1020 LAKE SUMTER LANDING  
City-St-Zip: THE VILLAGES, FL 32162

Title: P  
Name: MORSE, H. GARY  
Address: 1020 LAKE SUMTER LANDING  
City-St-Zip: THE VILLAGES, FL 32162

Title: V  
Name: MORSE, MARK G  
Address: 1020 LAKE SUMTER LANDING  
City-St-Zip: THE VILLAGES, FL 32162

Title: S  
Name: ROY, STEVEN M  
Address: 1028 LAKE SUMTER LANDING  
City-St-Zip: THE VILLAGES, FL 32162

Title: T  
Name: WISE, JOHN F  
Address: 1020 LAKE SUMTER LANDING  
City-St-Zip: THE VILLAGES, FL 32162

Title: V  
Name: GRANT, JOHN R  
Address: 1020 LAKE SUMTER LANDING  
City-St-Zip: THE VILLAGES, FL 32162

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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 608, Florida Statutes.

SIGNATURE: H GARY MORSE

P

03/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date