

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000046974

FILED  
Feb 19, 2007  
Secretary of State

Entity Name: TOWNLAKES SQUARE LLC

**Current Principal Place of Business:**

1140 LEE BLVD.  
SUITE 101  
LEHIGH ACRES, FL 33936

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1361  
LEHIGH ACRES, FL 33970

**New Mailing Address:**

FEI Number: 20-2870314

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PFUNER, HEINZ S  
752 MIRROR LAKES DR.  
LEHIGH ACRES, FL 33936 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: MGRM ( ) Delete  
Name: PFUNER, HEINZ S  
Address: 752 MIRROR LAKES DR.  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: MGRM ( ) Delete  
Name: PFUNER, THOMAS W  
Address: 1452 SCENIC STREET  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: MGRM ( ) Delete  
Name: PFUNER, JOHANN  
Address: 1458 SCENIC STREET  
City-St-Zip: LEHIGH ACRES, FL 33936

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: HEINZ S. PFUNER

MGRM

02/19/2007

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