

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000069908

**FILED**  
**Apr 29, 2007**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA LIFESTYLE REALTY LLC

**Current Principal Place of Business:**

P.O. BOX 61936  
FORT MYERS, FL 33906

**New Principal Place of Business:**

773 S. KIRKMAN RD.  
SUITE 118  
ORLANDO, FL 32811

**Current Mailing Address:**

P.O. BOX 61936  
FORT MYERS, FL 33906

**New Mailing Address:**

FEI Number: 20-3163809

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SMALL BUSINESS RESOURCES USA, INC.  
773 S. KIRKMAN RD.  
SUITE 118  
ORLANDO, FL 32811 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 ( ) Delete  
Name: REDAR, ROBERT J  
Address: P.O. BOX 61936  
City-St-Zip: FORT MYERS, FL 33906

Title: MGR ( ) Delete  
Name: TORGLER, GEORGE  
Address: P.O. BOX 61936  
City-St-Zip: FORT MYERS, FL 33906

**ADDITIONS/CHANGES:**

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 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: ROBERT J REDAR

MGR

04/29/2007

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