2007 LIMITED LIABILITY COMPANY

DOCUMENT # L06000008057

THE ENCLAVE/HIAWASSEE, LLC



ANNUAL REPORT (AR)

FILED May 03, 2007 8:00 am Secretary of State

05-03-2007 90260 029 ****55.00



Principal Place	of Business	3		Mailing Address								
1155 S. SEMORAN BLVD., SUITE 1120 WINTER PARK FL 32792				1155 S. SEMORAN BLVD., SUITE 1120 WINTER PARK FL 32792								
2. Principal Place of Business - No PO Box #				3. Mailing Address				'	indiish ta tera suu ssii ssii	III 88:II 8 9 III 88	IRI 1986 MAINI MIL	II 183881 III 1981
Suite, Apt. #, otc.				Suite, Apt. #, etc.				1st MOORE CR2E083 (10/06)				
City & State				Cily & State			4. FEI Num 20-41				Applied For Not Applicable	
Zip		Country	Zip	stry	rv		te of Status Desired	X I	\$5.00 A	Additional		
6. Name and Address of Current Re				jistered Agent				7. Name a	nd Address of New	Registered		
					Name				_			
1645	5 PALM I	ENICK R BEACH LAKES BL' I BEACH FL 33401	SUITE 1200 Street Address (P.O. Box Num	nber is Not Acceptab	le)		, ,		
***	J / / / (L.(V)	BB (0111 E 00-101										
					City	ity FL Zip Code					ode	
*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.												
the obligations of registered agent.												
SIGNATURE Signature, typed or printed name of registered agent and title 4 applicable (NOTE Registered Agent signature required when reinstating).												
FILE NOW!!! F Make Check Payable to Flo Due By Ma							partmer	nt of State				
9.		MANAGING MEMBE	-BS/		10.				ADDITIONS	S/CHANGE	S	
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CITY-ST-7IP	sastifu that th	a information supplied with	lle the	is filing done not qualify	_!	SI /IP	22242122	d in Section	110 Elarida Statutas	I further e		- 1-1

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same logal 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING NAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE