

**005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L00000006147

Entity Name

COUNTRY CLUB LAKES PROPERTIES, LLC



FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90040 009 ****50.00

Principal Place of Business

4090 HODGES BOULEVARD
JACKSONVILLE, FL 32224

Mailing Address

1575 NORTHSIDE DRIVE
BUILDING 100, SUITE 200
ATLANTA, GA 30318



02252005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3647709

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME GEREE SUNCOAST, LLC
STREET ADDRESS 1575 NORTHSIDE DRIVE, N.W.
CITY-ST-ZIP ATLANTA, GA 30319

TITLE MGR
NAME LISECKI, THERESA
STREET ADDRESS 4090 HODGES BLVD
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____

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

Date

Daytime Phone #