

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015834

FILED
Feb 12, 2007
Secretary of State

Entity Name: TALMADGE GARDENS LLC

Current Principal Place of Business:

509 W. NEW YORK AVE.
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

509 W. NEW YORK AVE.
DELAND, FL 32720

New Mailing Address:

FEI Number: 54-3718198

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STROBECK, ELIZABETH F
509 W. NEW YORK AVE.
DELAND, FL 32720 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: FORD, FRANK A
Address: 145 E. RICH AVE.
City-St-Zip: DELAND, FL 32720

Title: MGRM () Delete
Name: STROBECK, ELIZABETH F
Address: 509 W. NEW YORK AVE.
City-St-Zip: DELAND, FL 32720

Title: MGRM () Delete
Name: LITTLE LAKE TALMADGE, LLC
Address: 6106 MACARTHUR BLVD.
City-St-Zip: BETHESDA, MD 20816

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: ELIZABETH F. STROBECK

MGRM

02/12/2007

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