


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90039 027 ****50.00

| | |
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| DOCUMENT # L00000016010 |  |
| 1. Entity Name INLET AT NEW SMYRNA UNIT 1001, LLC | |

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|--|--|
| Principal Place of Business 300 INTERNATIONAL PKWY., STE. 300 HEATHROW, FL 32746 | Mailing Address 300 INTERNATIONAL PKWY., STE. 300 HEATHROW, FL 32746 |
|--|--|

| | | | |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

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01092007 Chg-LLC CR2E083 (12/06)

| | |
|-----------------------------|--|
| 4. FEI Number 59-3564798 | Applied For <input type="checkbox"/> Not Applicable |
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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|--------------------------------|

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent SELBY, C. THOMAS 300 INTERNATIONAL PKWY., STE. 300 HEATHROW, FL 32746 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
|--|--|--|--|

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.

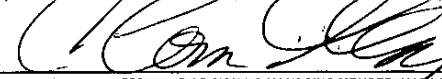
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D C THOMAS SELBY FAMILY TRUST 300 INTERNATIONAL PKWY. STE. 300 HEATHROW, FL 32746 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D THOMPSON, ANDREW M 104 SWEET BAY LANE LONGWOOD, FL 32779 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D ANTON JOSEPH MCCLOSKEY REV. TRUST 3438 ASHTON OAKS COVE LONGWOOD, FL 32779 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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:  **3-1-07** **407-333-1604**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #