

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000004287

**FILED**  
**Apr 30, 2004**  
**Secretary of State**

**Entity Name:** OAKMONT LAND DEVELOPMENT, L.L.C.

**Current Principal Place of Business:**

10331 PLEASANT VIEW DR  
LEESBURG, FL 34782

**New Principal Place of Business:**

10650 SUMMIT SQUARE DRIVE  
LEESBURG, FL 34782

**Current Mailing Address:**

PO BOX 895460  
LEESBURG, FL 34789

**New Mailing Address:**

**FEI Number:** 52-2319838

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PULLUM, J. STEPHEN  
1330 W. CITIZENS BLVD., SUITE 701  
LEESBURG, FL 34748 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/MEMBERS:**

Title: MGR ( ) Delete  
Name: GODFREY, JOSEPH P JR.  
Address: PO BOX 895282  
City-St-Zip: LEESBURG, FL 34788

Title: MGR ( ) Delete  
Name: GODFREY, JOSEPH P III  
Address: 10041 JACALANDA AVE  
City-St-Zip: CLERMONT, FL 34711

**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 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 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: JOSEPH P GODFREY, JR

MGR

04/30/2004

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