2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Feb 07, 2008 8:00 am
Secretary of State
02-07-2008 90089 050 ***138.75

DOCUMENT # L01000013258

1. Entity Name
TEQUESTA VILLAGER, L.L.C.

Principal Place of Business	Mailing Address
915 ALTERNATE A1A JUPITER FL 33468	P.O. BOX 60 JUPITER FL 33468-0060

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
360 Fiesta Ave.	
Suite, Apt. #, etc. Apt. 121	Suite, Apt. #, etc.
City & State Tequesta, Fl.	City & State
Zip 33469 Country United States	Zip / Country

1st MOORE CR2E083 (10/07)

4. FEI Number 65-1159725 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CROMWELL, HENRY F 931 ALTERNATE A1A JUPITER FL 33477	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 ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CROMWELL, HENRY F 915 ALTERNATE A1A JUPITER FL 33477	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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11. 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 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: H. F. Cromwell HENRY F. Cromwell 1/28/08 561-746-6912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #