

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L02000000482

1. Entity Name

LAKE JOVITA GOLF & COUNTRY CLUB, LLC



Principal Place of Business

12900 LAKE JOVITA BLVD.  
DADE CITY, FL 33525

Mailing Address

12900 LAKE JOVITA BLVD.  
DADE CITY, FL 33525

**FILED**  
**Jul 15, 2008 08:00 AM**  
**Secretary of State**



07092008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

02-0536266

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BROCK, P. HUTCHISON II  
37837 MERIDIAN AVENUE, SUITE 314  
DADE CITY, FL 33525

**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

**FILE NOW!!! FEE IS \$538.75**  
**Due by September 12, 2008**

000000955018  
07/15/08-80007-014 538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEESE, RONNIE 12900 LAKE JOVITA BLVD. DADE CITY, FL 33525
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**DO NOT WRITE  
IN THIS SPACE**

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:

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

Date

Daytime Phone #