

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 11, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000003687	
1. Entity Name DOVE CREEK LODGE, LLC	

Principal Place of Business 147 SEASIDE AVE KEY LARGO, FL 33037	Mailing Address 147 SEASIDE AVE KEY LARGO, FL 33037
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DO NOT WRITE IN THIS SPACE

	
07022007 No Chg-LLC	CR2E083 (11/05)
4. FEI Number 82-0542932	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KOLBENHEYER, HOWARD 139 SEASIDE AVE KEY LARGO, FL 33037
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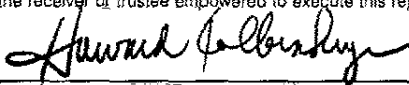
DO NOT WRITE IN THIS SPACE

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 _____	(NOTE: Registered Agent signature required when re-registering)	DATE _____

Filing Fee is \$50.00 Due by September 14, 2007
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PERRY, CRAIG 825 CORAL RIDGE DR CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KATSIKAS, PAUL 12390 SW 82ND AVE MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REARDON, ERIC 18629 SW 107TH AVE MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOLBENHEYER, HOWARD 139 SEASIDE AVE KEY LARGO, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000773670 03/11/07-80002-005 50.00 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: 	Date: 9/15/07	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		