

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L02000009893**

**1. Entity Name**  
CANDLEWOOD COURT, LLC



**Principal Place of Business**  
516 LAKEVIEW ROAD, UNIT 8  
CLEARWATER, FL 33756-3302

**Mailing Address**  
516 LAKEVIEW ROAD, UNIT 8  
CLEARWATER, FL 33756-3302



01052007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 02-0591517	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

FLYNN, THOMAS F  
516 LAKEVIEW ROAD, UNIT 8  
CLEARWATER, FL 33756-3302

**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** \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	MGRP
<b>NAME</b>	FLYNN, THOMAS F
<b>STREET ADDRESS</b>	516 LAKEVIEW ROAD #8
<b>CITY-ST-ZIP</b>	CLEARWATER, FL 33756

<b>TITLE</b>	VP
<b>NAME</b>	FLYNN, KEVIN T
<b>STREET ADDRESS</b>	516 LAKEVIEW ROAD #8
<b>CITY-ST-ZIP</b>	CLEARWATER, FL 33756

<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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<b>CITY-ST-ZIP</b>	

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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:** \_\_\_\_\_

Kevin T. Flynn, Vice President

2/15/07

727-449-1182

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

Date

Daytime Phone #