## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 30, 2007 8:00 am Secretary of State

DOCUMENT # L02000029645  1. Entity Name DEBARY TOWN CENTER, L.L.C.						04-30-2007 90	0064 015 ****50.	00
Principal Place of Business 110 WEST INDIANA AVENUE, SUITE 203 DELAND, FL 32720  Mailing Address 110 WEST INDIANA AVENUE, S DELAND, FL 32720				JITE 203				
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address	. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04232007	Chg-LLC			
City & State		City & State		4. FEI Number		CR2E083 (12/06)	oplied For	
Zip Country		Zip Country		06-1661		\$5.00	ot Applicable	
				···,	<u> </u>	of Status Desired	Fee Require	
	6. Name and Address of Current I	Registered Agent		Name	7. Name and A	Address of New R	egistered Agent	
PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVENUE				Street Address (P.O. Box Number is Not Acceptable)				
DAYTONA	A BEACH, FL 32115-2491		Ì					
				City			FL Zip Cod	е
	named entity submits this statement for tions of registered agent.	the purpose of changing its	registere	ed office or register	red agent, or both	n, in the State of Flo	rida. I am familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent a	ind title il applicable. (NOT	E Registered	d Agent signature required	f when reinstating)		DATE	
Filing Fee is \$50.00 Due by May 1, 2007						e check payable to Department of Stat	e	
9.	MANAGING MEMBE	RS/MANAGERS	10.	γ		ADDITIONS/	CHANGES	
TITLE	MGR COSTA STEVEN	☐ Delete	TITLE	.				
STREET ADDRESS	NAME COSTA, STEVEN STREET ADDRESS 110 WEST INDIANA AVENUE, SUITE 203			i			☐ Change	☐ Addition
CITY-ST-ZIP DELAND, FL 32720			NAME	i			☐ Change	☐ Addition
	DELAND, FL 32720	UITE 203	NAME STREE	E			☐ Change	
TITLE	DELAND, FL 32720 MGR	☐ Delete	NAME STREI CITY-	E ET ADDRESS -ST-ZIP			☐ Change	Addition
TITLE NAME	DELAND, FL 32720 MGR Lightigman, Charles	☐ Delete	NAME STREI CITY- TIFLE NAME	E ET ADDRESS -ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELAND, FL 32720 MGR	S. Ste 1000	NAME STREI CITY- TIFLE NAME STREI CITY-	E EI ADDRESS - S1-ZIP - E E ET ADDRESS - S1-ZIP - E - S1-ZIP - S1-ZIP - S1-ZIP - S1-ZIP			☐ Change	Addition
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11. I hereby certify that the information supplied with this filling 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: Charless. Lichtigman, Manager 04/23/07 (386)238-3600

SIGNATURE AND TYPED COPPRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

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