

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000033139**

1. Entity Name  
**FORMOSA GARDEN & LAKE, L.L.C.**



Principal Place of Business

**777 DELTONA BLVD.  
#15  
DELTONA, FL 32725 US**

Mailing Address

**777 DELTONA BLVD.  
#15  
DELTONA, FL 32725 US**

**DO NOT WRITE IN THIS SPACE**



03222007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**06-1666220**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**FORMOSO, JOSEPH  
851 ARLENE DRIVE  
DELTONA, FL 32725**

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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)

**3/22/07**  
DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE P  
NAME FORMOSO, JOSEPH  
STREET ADDRESS 851 ARLENE DRIVE  
CITY-ST-ZIP DELTONA, FL 32725

TITLE S  
NAME FORMOSO, EVA  
STREET ADDRESS 851 ARLENE DRIVE  
CITY-ST-ZIP DELTONA, FL 32725

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000678702  
04/03/07-80009-012 50.00

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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

**3/22/07 (386) 574-0015**  
Date Daytime Phone #