


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # L03000002517 1. Entity Name BERMUDA ESTATES @ ORMOND BEACH, L.L.C.	
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Principal Place of Business 753 EAST GLEN AVENUE AUBURN, AL 36831	Mailing Address P.O. BOX 1088 AUBURN, AL 36831-1088
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**DO NOT WRITE IN THIS SPACE**



04122007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 61-1443017	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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

BUILDER, J. LINDSAY JR., ESQ  
369 N. NEW YORK AVENUE, 3RD FLOOR  
WINTER PARK, FL 32789

**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 reinstating) DATE \_\_\_\_\_

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

U000000729081  
05/08/07-80025-008 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CCM ADVISORS, INC. R2412 W COUNTRY CLUB AVE TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHANNON, MICHAEL V 753 E GLENN AVE AUBURN, AL 36830
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:** *Michael V. Shannon* **4/17/07** **334/821-0928**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #