


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90494 011 ****55.00

DOCUMENT # L03000009900	
1. Entity Name CLERMONT TOWN CENTER, LLC	

Principal Place of Business 1109 WEST CHURCH STREET ORLANDO, FL 32805	Mailing Address 1109 WEST CHURCH STREET ORLANDO, FL 32805
--	--

24034340

2. Principal Place of Business 2470 S. Hwy 27 Suite, Apt. #, etc.	3. Mailing Address 2480 S. Hwy 27 Suite, Apt. #, etc.
--	--

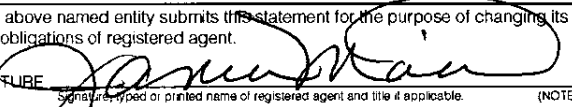
City & State CLERMONT, FL	City & State CLERMONT, FL
Zip 34711	Zip 34711
Country USA	Country USA

03292004 Chg-LLC CR2E083 (10/03)

4. FEI Number 16-1658991	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent DIVINE, RUSSELL W 24 SOUTH ORANGE AVE. SUITE 203 ORLANDO, FL 32801

7. Name and Address of New Registered Agent Name: JANICE MALIK Street Address (P.O. Box Number is Not Acceptable): 10502 LOG HOUSE RD City: CLERMONT FL Zip Code: 34711

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:  DATE: 3/30/04

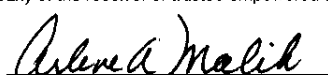
**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCCARTNEY, DANNY R 1109 WEST CHURCH STREET ORLANDO, FL 32805 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VASTINE, WILLIAM THOMAS 1109 WEST CHURCH STREET ORLANDO, FL 32805 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MALIK, ARLENE A 28828 BAUGLAIRE DR TAVARES, FL 32778 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **ARLENE A. MALIK** **3/30/04 352-787-8050**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #