

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2007 8:00 am
Secretary of State

01-12-2007 90027 039 ****50.00

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01082007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L03000020496 1. Entity Name ENCLAVE ON HALF MOON LAKE, LLC					
Principal Place of Business 10501 JOHANNA AVENUE RIVERVIEW, FL 33569			Mailing Address PO BOX 489 RIVERVIEW, FL 33568		
2. Principal Place of Business - No P.O. Box # 5509 RAWLS Rd Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State TAMPA, FL Zip 33625		City & State HILLSBOROUGH Zip 33625		4. FEI Number 76-0734356	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent REYNOLDS, STEPHEN H ESQ 400 NORTH TAMPA ST., STE. 2300 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CROSS, GLEN P.O. BOX 489 RIVERVIEW, FL 33568 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	17320 DORMAN Rd LITHIA, FL 33547 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COWART, DAVID PO BOX 489 RIVERVIEW, FL 33568 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	5509 RAWLS Rd TAMPA, FL 33625-1324 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			1-8-07 813-661-1713 <small>Date Daytime Phone #</small>		