2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTA

DOCUMENT # L03000029084

201 CIRCLE, LLC



FILED Apr 06, 2007 08:00 Al Secretary of State

Principal Place of Business

3790 ENCHANTED OAKS LANE SEBRING, FL 33870

Mailing Address

3790 ENCHANTED OAKS LANE SEBRING, FL 33870



04042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	Applied For	
20-0132901	Not Applicat)lc
5. Certificate of Status Desired	\$5.00 Additional	

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

MCCOLLUM, JAMES F 129 SOUTH COMMERCE AVENUE SEBRING, FL 33870

SIGNATURE:

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	e named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or both	n, in the State of Florida. I am familiar with, and accept
SIGNATURE.	F Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
. D	iling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RIMER, JAMES 3790 ENCHANTED OAKS LANE SEBRING, FL 33870		U00000692349 04/13/07-80049-007 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
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TITLE NAME STREET ADDRESS , CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP.			· · · -
11. I hereby of indicated limited lia	certify that the information supplied with this filing does not on this report is the and accurate and that my signature sibility company or the receiver or trustee empowered to execute	qualify for the exemptions contained in Chapter 119 hall have the same legal effect as if made under out cute this report as required by Chapter 608, Florida	, Florida Statutes. I further certify that the information th; that I am a managing member or manager of the Statutes.