

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90254 049 ****55.00

DOCUMENT # L03000052764

1. Entity Name
COURTNEY LAKES APARTMENTS, LLC



Principal Place of Business

100 COLONIAL CENTER PARKWAY, SUITE 470
LAKE MARY, FL 32746

Mailing Address

100 COLONIAL CENTER PARKWAY, SUITE 470
LAKE MARY, FL 32746

60037760



01262007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
93-1335649

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
1500 MIAMI CENTER (DTO)
102 BISCAYNE BLVD.
MIAMI, FL 33131

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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)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
OGIER, GERALD D
216 NOB HILL CIR
LONGWOOD, FL 32779

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MCDANIEL, DAVID G
203 VISTA OAKS DRIVE
LONGWOOD, FL 32779

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SCHAFFER, JOHN
~~3438 WINDING PINE TRAIL~~ 4019 Bermuda Grove
LONGWOOD, FL 32779
Place

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
OGIER, MARK
616 GRAND CYPRESS POINT
SANFORD, FL 32771

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

John Schaffer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/7/07
Date

407 333-0066
Daytime Phone #