

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 15, 2008 08:00 AM
Secretary of State

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**



01242008No Chg-LLC

CR2E083 (12/07)

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**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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 SCHAFER, JOHN 4019 BERMUD'S GROVE PLACE LONGWOOD, FL 32779
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	

U00000830057
02/26/08-80068-009 143.75

**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:

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

Date

Daytime Phone #

2/8/08

407-333-0060