


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90208 005 \*\*\*\*50.00

<b>DOCUMENT # L04000004170</b> 1. Entity Name <b>5051 GULF TO LAKE, LLC</b>					
Principal Place of Business <b>5350 SPRING HILL DRIVE SPRING HILL FL 34606</b>			Mailing Address <b>5350 SPRING HILL DRIVE SPRING HILL FL 34606</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-0613884</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  <b>AUGELLO, AGNES 5350 SPRING HILL DRIVE SPRING HILL FL 34606</b>			<b>7. Name and Address of New Registered Agent</b> Name <u>Pariksinh Singh</u> Street Address (P.O. Box Number is Not Acceptable) <u>5350 Spring Hill Drive</u> City <u>Spring Hill</u> <b>FL</b> Zip Code <u>34606</u>		
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 <u>[Signature]</u> (NOTE: Registered Agent signature required when re-registering)					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2007</b>					
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>MGR AURO MANAGEMENT, LLC 5350 SPRING HILL DRIVE SPRING HILL FL 34606</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.					
<b>SIGNATURE:</b> <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					



1st MOORE CR2E083 (10/06)

20-0613884

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

AUGELLO, AGNES  
5350 SPRING HILL DRIVE  
SPRING HILL FL 34606

Name Pariksinh Singh  
 Street Address (P.O. Box Number is Not Acceptable)  
5350 Spring Hill Drive  
 City Spring Hill **FL** Zip Code 34606

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**SIGNATURE:** [Signature]  
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