

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000005521

1. Entity Name
THE RESERVE AT THREE FORKS MARSH, LLC



Principal Place of Business

432 S. BABCOCK STREET
MELBOURNE, FL 32901

Mailing Address

432 S. BABCOCK STREET
MELBOURNE, FL 32901

FILED
Apr 14, 2008 08:00 A
Secretary of State



03212008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0653912

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEAN MEAD SRVS LLC
800 N MAGNOLIA AVE
STE 1500
ORLANDO, FL 32803

**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

U000000897243

04/25/08-80039-018 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME PEZZEMINTI, ALEXANDER
STREET ADDRESS 432 S BABCOCK ST
CITY-ST-ZIP MELBOURNE, FL 32901

TITLE MGR
NAME PEZZEMINTI, JERRY J JR
STREET ADDRESS 432 S BABCOCK ST
CITY-ST-ZIP MELBOURNE, FL 32901

TITLE MGR
NAME LEIGHTENBERG, ROBERT L
STREET ADDRESS 432 S BABCOCK ST
CITY-ST-ZIP MELBOURNE, FL 32901

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

3/21/08

Date

321-722-5033

Daytime Phone #