


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 08, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000012784</b> 1. Entity Name <b>THE GREAT LAKE COUNTY LAND COMPANY, L.L.C.</b>	
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Principal Place of Business <b>1330 LAKESHORE DR. MT DORA, FL 32757</b>	Mailing Address <b>1330 LAKESHORE DR. MT DORA, FL 32757</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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01052007No Chg-LLC	CR2E083 (11/05)
4. FEI Number <b>22-3913265</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>BUTT, M.A. 1330 LAKESHORE DR. MT DORA, FL 32757</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BUTT, M.A. 1330 LAKESHORE DR. MT DORA, FL 32757</b>
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<p>U000000578583 01/08/07-80034-025 50.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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.
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**SIGNATURE:** 