


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

03-30-2006 90196 010 ****50.00

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1. Entity Name
COUNTRYVIEW MEADOWS OF POLK COUNTRY, L.L.C.



Principal Place of Business 5529 U.S. HIGHWAY 98 NORTH LAKELAND, FL 33809	Mailing Address 5529 U.S. HIGHWAY 98 NORTH LAKELAND, FL 33809
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01062006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 81-0644661	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

SAUNDERS, JOE L
5529 U.S. HIGHWAY 98 NORTH
LAKELAND, FL 33809

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2008

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAUNDERS, JOE L 5529 U.S. HIGHWAY 98 NORTH LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HILHELM, KENNETH F 5524 US HWY 98 N LAKELAND, FL 33809
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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: *Joseph L. Saunders* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____