


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 05, 2007 08:00 A
Secretary of State

| | |
|---|---|
| DOCUMENT # L04000015709 |  |
| 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 |
|---|---|

DO NOT WRITE IN THIS SPACE



01152007No Chg-LLC CR2E083 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 81-0644661 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

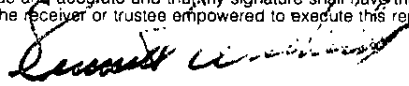
**Filing Fee is \$50.00
Due by May 1, 2007**

| 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 HILHELH, KENNETH F 5524 US HWY 98 N LAKELAND, FL 33809 |
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04/11/07-80076-014 50.00

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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 Date Daytime Phone #