2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT

FILED Apr 21, 2008 8:00 am Secretary of State

863-858-5686

DOCUMENT # L04000015709						04-21-2008 90319 006 ***138.75				
1. Entity Name COUNTRYVIEW MEADOWS OF POLK COUNTRY, L.L.C.										
Principal Place of Rusinees Mailine Address						-				
Principal Place of Business Mailing Address 5529 U.S. HIGHWAY 98/NORTH 5529 U.S. HIGHWAY 98					1					
LAKELAND, FL 33809 LAKELAND, FL 33809					•		, .			
								LIII BOISI IISOLO		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address					;;;		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			-				
						04012008	Chg-LLC	CR2E)83 (12/06)	
City & State			City & State			4. FEI Numb			_ 	oplied For
Zip	Zip Country		Zip Country		ltry	81-0644661 Not Applicable 5. Certificate of Status Desired \$5.00 Additional				
				1	'			Fee Require		
6. Name and Address of Current Registered Agent						7. Name and	d Address of New	Registered .	Agent	
SAUNDERS, JOE L					Street Address (P.O. Box Number is Not Acceptable)					
5529 U.S. HIGHWAY 98 NORTH LAKELAND, FL 33809					Silest Address	(F.O. BOX NUME	Der is Not Acceptat	<u>-</u>		
										•
					City			FL	Zip Cod	е
8. The above	named entit	y submits this statement for	the purpose of changing its	register	ed office or registe	ered agent, or bo	oth, in the State of F	lorida. I am	familiar with,	and accept
		tered agent.								
SIGNATURE .	Signature, typed	or printed name of registered agent ar	nd title if applicable. (NOT	E: Registere	d Agent signature require	ed when reinstating)		DATE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75										
								ke check p la Departm	ayable to lent of Stati	e
After May		Fee will be \$538.75	S /MANIA GERS	10		_	Florie	da Departm	ent of State	е
			S/MANAGERS	10.	E		Florie	•	ent of State	Addition
9. TITLE NAME	MGR SAUNDE	Fee will be \$538.75 MANAGING MEMBER RS, JOE L		TITL.	Æ		Florie	da Departm	ent of State	
9.	MGR SAUNDE 5529 U.S.	MANAGING MEMBER RS, JOE L HIGHWAY 98 NORTH		TITL. NAM STRE	EET ADO re ss		Florie	da Departm	ent of State	
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