

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90166 036 \*\*\*\*50.00

<b>DOCUMENT # L04000016121</b>					
<b>1. Entity Name</b> THE HAMLETS OF TAVARES, LLC					
<b>Principal Place of Business</b> C/O I.D.M. MANAGEMENT, INC 1130 B EAST HALLANDALE BEACH BLVD. HALLANDALE BEACH, FL 33009			<b>Mailing Address</b> C/O I.D.M. MANAGEMENT, INC 1130 B EAST HALLANDALE BEACH BLVD. HALLANDALE BEACH, FL 33009		
<b>2. Principal Place of Business - No P.O. Box #</b> 5900 Stirling Rd Suite, Apt. #, etc. #96		<b>3. Mailing Address</b> 5900 Stirling Rd Suite, Apt. #, etc. #96			
<b>City &amp; State</b> Hollywood, FL Zip 33021		<b>City &amp; State</b> Hollywood, FL Zip 33021		<b>Country</b> USA	
<b>Country</b> USA		<b>4. FEI Number</b> 81-0615173			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		<b>Applied For</b> Not Applicable			
<b>6. Name and Address of Current Registered Agent</b> NORMAN T. ROBERTS, P.A. 50 W. MASHTA DRIVE STE 4 KEY BISCAYNE, FL 33149			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR MORROW, DAVID 1130 B E HALLANDALE BEACH BLVD HALLANDALE BEACH, FL 33009		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGR ILANA MORROW 5900 STIRLING RD SUITE B HOLLYWOOD FL 33021	
<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b>			3/21/07 954 989 0274		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		