

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90355 014 \*\*\*\*50.00

<b>DOCUMENT # L04000017245</b> 1. Entity Name <b>FISHERMAN'S HARBOUR VILLAGE, LLC</b>	
---	---

Principal Place of Business <b>C/O LVK DEVELOPMENT, LLC</b> <b>2574 S. VOLUSIA AVENUE</b> <b>ORANGE CITY, FL 32763</b>	Mailing Address <b>C/O LVK DEVELOPMENT, LLC</b> <b>2574 S. VOLUSIA AVENUE</b> <b>ORANGE CITY, FL 32763</b>
---	---

**00034387**



2. Principal Place of Business - No P.O. Box # <b>1019 Town Center Drive</b> <b>Orange City, Florida 32763</b>	3. Mailing Address <b>1019 Town Center Drive</b> <b>Orange City, Florida 32763</b>
--	--

03272007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-0820565</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  <b>WANAMAKER, JOHN CCIM</b> <b>2574 S. VOLUSIA AVENUE</b> <b>ORANGE CITY, FL 32763</b>	<b>7. Name and Address of New Registered Agent</b> Name <i>Wanamaker, John CCIM</i> Street Address (P.O. Box Number is Not Acceptable)  City <b>1019 Town Center Drive</b> <b>Orange City, Florida 32763</b> Zip Code
--	---

8. The above named entity submits this statement for the purpose of changing its registered office and the obligations of registered agent.

SIGNATURE: *John Wanamaker* (NOTE: Registered Agent signature required when reinstating) DATE: *4/4/07*

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

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <input type="checkbox"/> Delete <b>FIRST COMMERCIAL DEVELOPMENT, LLC</b> <b>2574 S. VOLUSIA AVENUE</b> <b>ORANGE CITY, FL 32763</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Same</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1019 Town Center Drive</b> <b>Orange City, Florida 32763</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *John Wanamaker* Date: *4/4/07* 386-775-8623  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #