

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90431 015 \*\*\*\*50.00

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<b>DOCUMENT # L04000035548</b> 1. Entity Name <b>COURT STREET TOWNHOMES, LLC</b>					
Principal Place of Business <b>2506 SOUTH MACDILL AVENUE TAMPA, FL 33629</b>			Mailing Address <b>2506 SOUTH MACDILL AVENUE TAMPA, FL 33629</b>		
2. Principal Place of Business - No P.O. Box # <b>13907 CARROLLWOOD VILLAGE RUN</b>		3. Mailing Address <b>13014 N. DALE MAREX HWY SUITE # 356</b>			
Suite, Apt. #, etc. <b>TUN</b>		Suite, Apt. #, etc. <b>SUITE # 356</b>			
City & State <b>TAMPA, FL</b>		City & State <b>TAMPA, FL</b>			
Zip <b>33618</b>		Country 		Zip <b>33618</b>	
Country 		Country 			
6. Name and Address of Current Registered Agent  <b>BAILIN, LAWRENCE J 401 EAST JACKSON STREET, STE. 2200 TAMPA, FL 33602</b>			7. Name and Address of New Registered Agent Name <b>GARY A. FAIRBANKS</b> Street Address (P.O. Box Number is Not Acceptable) <b>13907 CARROLLWOOD VILLAGE RUN</b> City <b>TAMPA</b> <b>FL</b> Zip Code <b>33618</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. SIGNATURE <u><i>Gary A. Fairbanks</i></u> <b>GARY A. FAIRBANKS</b> <u>3/29/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<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>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGM</b> <b>LANDERS, JAMES F</b> <b>2506 S. MACDILL AVENUE</b> <b>TAMPA, FL 33629</b> <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	<b>MGR</b> <b>JASON T. RAPPAPORT</b> <b>13014 N. DALE MAREX HWY # 356</b> <b>TAMPA, FL 33618</b> <input type="checkbox"/> Change <input checked="" 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	
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.					
<b>SIGNATURE:</b> <u><i>Gary A. Fairbanks</i></u> <b>GARY A. FAIRBANKS</b> <u>3/29/07</u> <u>813-269-0899</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>					