


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000037735 1. Entity Name THE ESTATES AT LAKE CLARICE, LLC	
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Principal Place of Business 7575 DR PHILLIPS BLVD, STE 210 ORLANDO, FL 32819	Mailing Address 7575 DR PHILLIPS BLVD, STE 210 ORLANDO, FL 32819
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02022007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1327457	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, SOUTH, MILHAUSEN & CARR, P.A.
C/O JEFFREY P MILHAUSEN, ESQ
2699 LEE RD, STE 120
WINTER PARK, FL 32789

**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**

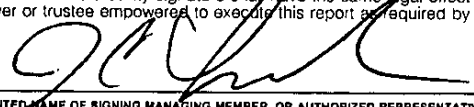
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEWLESS, JEROME E II 617 E WASHINGTON ST, STE 4 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LYNCH, J. CRAIG 7575 DR PHILLIPS BLVD, STE 210 ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/06/07-00029-010 55.00

**DO NOT WRITE
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 # _____