

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90153 046 ***143.75

DOCUMENT # L04000037735

1. Entity Name
THE ESTATES AT LAKE CLARICE, LLC



Principal Place of Business
**7575 DR PHILLIPS BLVD, STE 210
ORLANDO, FL 32819**

Mailing Address
**7575 DR PHILLIPS BLVD, STE 210
ORLANDO, FL 32819**

30004300

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02252008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

20-1327457

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME LEWLESS, JEROME E II
STREET ADDRESS 617 E WASHINGTON ST, STE 4
CITY-ST-ZIP ORLANDO, FL 32801

TITLE ☒ Change ☐ Addition
NAME **7575 Dr. Phillips Blvd. Ste. 210**
STREET ADDRESS **Orlando, FL 32819**
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME LYNCH, J. CRAIG
STREET ADDRESS 7575 DR PHILLIPS BLVD, STE 210
CITY-ST-ZIP ORLANDO, FL 32819

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Cynthia Fucco Cynthia Fucco

2/25/08 (407) 345-8400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #