
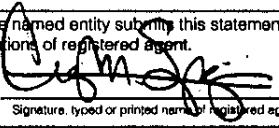
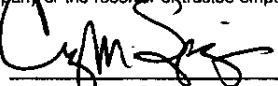


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 22, 2007 08:00 A
Secretary of State

DOCUMENT # L04000039802		
1. Entity Name OLD BERKLEY RESERVE OF CENTRAL FLORIDA TWO, LLC		
Principal Place of Business 290 CYPRESS GARDENS BLVD. WINTER HAVEN, FL 33880	Mailing Address 290 CYPRESS GARDENS BLVD. WINTER HAVEN, FL 33880	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SPANJERS, CRAIG M 290 CYPRESS GARDENS BLVD. WINTER HAVEN, FL 33880		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:  <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPANJERS, CRAIG M MR. 290 CYPRESS GARDENS BOULEVARD WINTER HAVEN, FL 33880	
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TITLE 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 606, Florida Statutes.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<div>U00000644694 03/02/07-80053-023 50.00</div> <div>863-944-7598 CRAIG M. SPANJERS 3-19-07 <small>Date Daytime Phone #</small></div>