


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90025 035 ****50.00

DOCUMENT # L04000049586	
1. Entity Name E.T. ENTERPRISES OF LADY LAKE, LLC	

Principal Place of Business PO BOX 1804 LADY LAKE, FL 32159	Mailing Address PO BOX 1804 LADY LAKE, FL 32158
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

02222007 Chg-LLC CR2E083 (12/06)

4. FEI Number 03-0544828	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
W & P SERVICES, INC. 450 N. WYMORE ROAD WINTER PARK, FL 32789	

7. Name and Address of New Registered Agent	
Name Chaires Hammond, P.L.	
Street Address (P.O. Box Number is Not Acceptable) 283 Cranes Roost Blvd, Suite 165	
City Altamonte Springs	FL 32701

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 Jeffrey L. Hammond <i>Signature typed or printed name of registered agent and title if applicable</i>	Vice President of Chaires Hammond, P.L. <i>(NOTE: Registered Agent signature required when reinstating)</i>
	DATE 3/30/2007

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NEUZIL, FRANCIS E JR PO BOX 1804 LADY LAKE, FL 32158 <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
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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: Jeffrey L. Hammond <i>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</i>	Date 3-21-07 Daytime Phone #