

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90278 021 \*\*\*\*\*50.00

DOCUMENT # L04000052230

1. Entity Name

OKEECHOBEE ESTATES LLC



Principal Place of Business

Mailing Address

1320 N OCEAN BLVD.  
GULF STREAM FL 33483  
US

1320 N OCEAN BLVD.  
GULF STREAM FL 33483  
US

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

3. Mailing Address

2101 S. CONGRESS AVENUE  
Suite, Apt. #, etc.

2101 S. CONGRESS AVENUE

Suite, Apt. #, etc.

City & State  
DELRAY BEACH FLORIDA

City & State  
DELRAY BEACH FLORIDA

4. FEI Number  
20-1360211

Applied For

Not Applicable

Zip  
33445

Country  
USA

Zip  
33445

Country  
USA

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

ELMORE, GEORGE T  
1320 NORTH OCEAN BLVD.  
GULF STREAM FL 33483

Name

GEORGE T. ELMORE

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

2101 S. CONGRESS AVENUE

City  
DELRAY BEACH

FL

Zip Code  
33445

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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGR  
ELMORE, GEORGE T  
1320 N OCEAN BLVD.  
GULF STREAM FL 33483 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
☐ Delete

TITLE  
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CITY- ST- ZIP  
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-2-07

561-278-0456