



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000052230 1. Entry Name OKEECHOBEE ESTATES LLC	
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Principal Place of Business 2101 S CONGRESS AVENUE DELRAY BEACH, FL 33445 US	Mailing Address 2101 S CONGRESS AVENUE DELRAY BEACH, FL 33445 US
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DO NOT WRITE IN THIS SPACE



01042008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-1360211	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

ELMORE, GEORGE T
2101 S CONGRESS AVENUE
DELRAY BEACH, FL 33445

**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 _____ (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

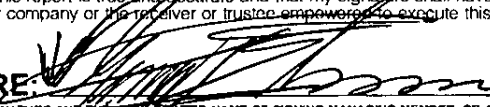
000000809120
02/08/08-80009-016 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR ELMORE, GEORGE T 1320 N OCEAN BLVD. GULF STREAM, FL 33483
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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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:  **1-1-08** **(561)-278-0456**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #