

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000052230

**FILED**  
**Jan 12, 2011**  
**Secretary of State**

**Entity Name:** OKEECHOBEE ESTATES LLC

**Current Principal Place of Business:**

2101 S CONGRESS AVENUE  
DELRAY BEACH, FL 33445 US

**New Principal Place of Business:**

**Current Mailing Address:**

2101 S CONGRESS AVENUE  
DELRAY BEACH, FL 33445 US

**New Mailing Address:**

**FEI Number:** 20-1360211

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** ELMORE, GEORGE T  
**Address:** 1320 N OCEAN BLVD.  
**City-St-Zip:** GULF STREAM, FL 33483 US

**Title:** DS  
**Name:** FAGAN, GREGORY J DS  
**Address:** 2101 S. CONGRESS AVE  
**City-St-Zip:** DELRAY BEACH, FL 33445

**Title:** DVP  
**Name:** SCHAEFER, CONRAD W DVP  
**Address:** 2101 S. CONGRESS AVE  
**City-St-Zip:** DELRAY BEACH, FL 33445

**Title:** T  
**Name:** CRUM, RICHARD B  
**Address:** 515 N. FLAGLER DR, 18TH FLOOR  
**City-St-Zip:** W. PALM BEACH, FL 33401

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** GEORGE T. ELMORE

MGRM

01/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date