

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000055594	
1. Entity Name ISLES OF LAKE BUTLER, LLC	
Principal Place of Business 1050 S. LAKE SYBELIA DR. MAITLAND, FL 32751	Mailing Address 1050 S. LAKE SYBELIA DR. MAITLAND, FL 32751



01122007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1756197	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 BAXTER, RICHARD D ESQ MILLER, SOUTH, MILHAUSEN & CARR, P.A. 1000 LEGION PLACE STE 1200 ORLANDO, FL 32801
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**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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRONE, MARK A 1050 S. LAKE SYBELIA DR. MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SOUTH, J. TODD 2699 LEE ROAD SUITE 100 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCALA, FRANCO 7800 SOUTHLAND BOULEVARD SUITE 109 ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WATKINS, KEN 320 COMMERCE BOULEVARD SUITE 130 LAKE MARY, FL 32795
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/07/07-80085-005 50.00

**DO NOT WRITE
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: *Mark A. Crone* 1/25/2007 407-539-1050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #