2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 01, 2007 08:00 AM Secretary of State

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1. Entity Name PRINCETON GARDENS, LLC



Principal Place of Business

5709 NW 158TH ST MIAMI LAKES, FL 33014 Mailing Address

5709 NW 158TH ST MIAMI LAKES, FL 33014



DO NOT WRITE IN THIS SPACE

CR2E083 (11/05) 04262007 No Chg-LLC

4. FEI Number	Applied For		
26-0124507		Not Applicable	
5. Certificate of Status Desired		\$5.00 Additional Fee Regulred	

6. Name and Address of Current Registered Agent

SWEZY, LEWIS 5709 NW 158TH ST MIAMI LAKES, FL 33014

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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	named entity submits this statement for the purpose of charions of registered agent.	anging its registered office or registered agent, or both,	in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable,	(NOTE: Registered Agent signature required when reinstating)	DATE	
	iling Fee is \$50.00 ue by May 1, 2007			
9. MANAGING MEMBERS/MANAGERS				
TITLE	D		<u>U00000752461</u>	
NAME	SWEZY, LEWIS	Ì	05/21/07-80015-019 55.0	
STREET ADDRESS	5709 NW 158TH ST			

CITY-ST-ZIP MIAMI LAKES, FL 33014 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filling 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 accordate 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 empoyeded to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Swery

205 82/0330 Daytime Phone #