2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L04000057370

STREET ADDRESS CITY-\$1-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

MONTEREY LAKES GOLF CLUB, LLC



Principal Place of Business

Mailing Address

4500 MONTEREY AVENUE-FORT LAUDERDALE, FL 33319 1255 S. Military Travil, Suite 20-

1255 S. MILITARY TRAIL, SUITE 200 DEERFIELD BEACH, FL 33442

Decrfield Bearl, Fl. 33442

60048227



FILED

Secretary of State

05-03-2007 90260 024 ****55.00

May 03, 2007 8:00 am

03292007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 74-3127825 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WALDMAN, ANDREW C 1255 S. MILITARY TRAIL, SUITE 200 DEERFIELD BEACH, FL 33442

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of cha ions of registered agent.	inging its registere	d 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.	MOTE B	(A	0.17
	Signature, typed or printed name of registered agent and title if applicable.	(NUTE: Hagistered	Agent signature required when reinstating)	DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS			•
TITLE NAME	MGR WALDMAN, ANDREW C			
STREET ADDRESS	1255 S. MILITARY TRAIL, SUITE 200			
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442			
TITLE	MGR			
NAME	WALDMAN, ANA MARIA			
STREET ADDRESS	1255 S. MILITARY TRAIL, SUITE 200			
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442			
TITLE				
NAME				
STREET ADDRESS			DO NOT	WRITE
CITY-ST-ZIP				
TITLE			I IN THIS	SPACE
NAME				017101
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				

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

A. M. Waldman Home Daytime Phone #

04/20/07 (954)4185600