
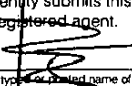
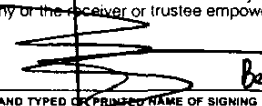


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 22, 2007 8:00 am**  
**Secretary of State**

05-22-2007 90178 024 \*\*\*\*50.00

<b>DOCUMENT # L04000058208</b> 1. Entity Name <b>DALHOUSIE MEADOWS, LLC</b>					
Principal Place of Business <b>101 TIMBERLACHEN CIRCLE SUITE 202 LAKE MARY, FL 32746</b>			Mailing Address <b>PO BOX 952259 LAKE MARY, FL 32795</b>		
2. Principal Place of Business - No P.O. Box # <del>20100 State Road 96</del>		3. Mailing Address 			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>FL</b>		City & State 		4. FEI Number <b>20-1528570</b>	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CHAMPION, BENJAMIN L 101 TIMBERLACHEN CIRCLE SUITE 202 LAKE MARY, FL 32746</b>				7. Name and Address of New Registered Agent Name <b>Florida Territorial Land Company</b> Street Address (P.O. Box Number is Not Acceptable) <b>101 Timberlachen Circle Suite 202</b> <b>FL</b> City <b>Lake Mary</b> Zip Code <b>32746</b>	
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  <b>Benjamin L. Champion, President</b> DATE <b>4-30-07</b> <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENJAMIN CHAMPION, TRUSTEE UTA DTD 5/23/00 <input type="checkbox"/> Delete PO BOX 952259 LAKE MARY, FL 32795		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM C. J. CHAMPION, SR, TRUSTEE UTA DTD 8/5/04 <input type="checkbox"/> Delete PO BOX 952259 LAKE MARY, FL 32795		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  <b>Benjamin L. Champion, Trustee</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <b>4-30-07</b> Daytime Phone # <b>407-330-2120</b>		

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