


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90157 019 \*\*\*\*\*50.00

<b>DOCUMENT # L04000058468</b>	
<b>1. Entity Name</b> PTR WETLANDS PRESERVE, L.C.	

<b>Principal Place of Business</b> 7301A WEST PALMETTO PARK ROAD SUITE 104C BOCA RATON, FL 33433	<b>Mailing Address</b> 7301A WEST PALMETTO PARK ROAD SUITE 104C BOCA RATON, FL 33433
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<b>2. Principal Place of Business - No P.O. Box #</b> 161 N. Causeway,	<b>3. Mailing Address</b> 161 N. Causeway
Suite, Apt. #, etc. Suite 8	Suite, Apt. #, etc. Suite 8
City & State New Smyrna Beach, FL	City & State New Smyrna Beach
Zip 32169	Country USA



04022007 Chg-LLC CR2E083 (12/06)

<b>4. FEI Number</b> NOT APPLICABLE	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
<b>6. Name and Address of Current Registered Agent</b> LUNSFORD, E.C. JR 161 N CAUSEWAY STE 8 NEW SMYRNA BEACH, FL 32169	
<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

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

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> LUNSFORD, JR, E.C. TRUSTEE 161 N CAUSEWAY STE 8 NEW SMYRNA BEACH, FL 32169 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**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, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/3/07

386-427-6474

Date

Daytime Phone #