


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 APR -2 AM 10:36

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000059430 1. Entity Name COMMONS FAWCETT, LLC	
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Principal Place of Business 7485 SANDLAKE COMMONS BLVD. ORLANDO, FL 32819	Mailing Address 7485 SANDLAKE COMMONS BLVD. ORLANDO, FL 32819
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01242007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2205283	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LIGHTSEY, ALTON L
 2105 PARK AVENUE NORTH
 WINTER PARK, FL 32789

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**

700095880817
04/05/07--01027--002 **300.00

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR
NAME	KANAN, BRADFORD S
STREET ADDRESS	7485 SANDLAKE COMMONS BLVD.
CITY - ST - ZIP	ORLANDO, FL 32819
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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:  BRADFORD S. KANAN 02/06/07 407.425.8454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

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