


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90114 023 \*\*\*\*50.00

<b>DOCUMENT # L04000060224</b>	
1. Entity Name <b>MITCHELL HAMMOCK PROPERTIES, L.L.C.</b>	

Principal Place of Business <b>300 WEST MITCHELL HAMMOCK ROAD SUITE 8 OVIEDO FL 32765</b>	Mailing Address <b>300 WEST MITCHELL HAMMOCK ROAD SUITE 8 OVIEDO FL 32765</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. <b>SUITE 8</b>		Suite, Apt. #, etc. <b>SUITE 8</b>	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/06)

4. FEI Number <b>20-1521423</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>LUKAS, JOHN S 300 W. MITCHELL HAMMOCK RD SUITE 5 OVIEDO FL 32765</b>		7. Name and Address of New Registered Agent Name <b>LUKAS, JONATHAN S</b> Street Address (P.O. Box Number is Not Acceptable) <b>300 W. MITCHELL HAMMOCK RD SUITE 8 OVIEDO FL 32765</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 *Jonathan S Lukas* **JONATHAN S LUKAS** **DIRECTOR PRESIDENT** **1/29/07**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM LUKAS, JONATHAN S 300 W. MITCHELL HAMMOCK RD SUITE 5 CHULUOTA FL 32766</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>LUKAS, JONATHAN S 300 W MITCHELL HAMMOCK RD., SUITE 8 OVIEDO, FL 32765</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM LUKAS, JONATHA S JR. 100 LAKE MILLS ISLAND POINT CHULUOTA FL 32766</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>LUKAS, JONATHAN S, JR 300 W MITCHELL HAMMOCK RD., SUITE 8 OVIEDO, FL 32765</b> <input checked="" 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
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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 Section 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: *Jonathan S Lukas* **JONATHAN S LUKAS** **MGRM** **1/29/07** **407 365-8780**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #