2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 10, 2008 8:00 am Secretary of State

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DOCUMENT # L0400061738 1. Entity Name LECANTO TOWN CENTER LLC					04-10-2008	90132 014 ⁻	***13	8.75
Original Plan	na at Business	Mailing Address		-	600Z17	85		
	ce of Business	Mailing Address			OOOMTI	บบ		
	CEARNEY WAY	PO BOX 5299						
TAMPA, FL	33619	TAMPA, FL 33675						
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01182008	Chg-LLC	CR2E083 (12/06)	
City & State		City & State		1	4. FEI Number Applied I 20-1515483 Not Appl			
			•	20-151	3463			t Applicable
Zip	Country	Zip	Country	5. Certificate	of Status Desired		00 Add Require	
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New R	egistered Agen	it	
			Name			<u> </u>		
REED, JAI	MES M							
5115 JOAI	NNE KEARNEY BLVD		Street Address	(P.O. Box Numb	er is Not Acceptable	!)		
TAMPA, F	L 33619							
			City			FL	Zip Code	e
						!	•	
	named entity submits this statement for	or the purpose of changing its re	egistered office or regist	ered agent, or bo	oth, in the State of Flo	rida. I am famil	iar with,	and accept
the obligat	tions of registered agent.							
SIGNATURE .								
	Signature, typed or printed name of registered agent	and little if applicable. (NOTE: I	Registered Agent signature require	ed when reinstating)	·	DATE		
FILE After May	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.7	5				e check payal Department		•
After May	y 1, 2008 Fee will be \$538.7		10		Florida	Department (•
After May	y 1, 2008 Fee will be \$538.7 MANAGING MEMB	ERS/MANAGERS	10.			Department of CHANGES	of State	
9.	y 1, 2008 Fee will be \$538.7 MANAGING MEMB		TITLE		Florida	Department of CHANGES		Addition
9. TITLE NAME	y 1, 2008 Fee will be \$538.7 MANAGING MEMB MGRM HARRIS, TRACY J JR	ERS/MANAGERS	TITLE NAME		Florida	Department of CHANGES	of State	
9. IIILE NAME STREET ADDRESS	y 1, 2008 Fee will be \$538.7 MANAGING MEMB MGRM HARRIS, TRACY J JR 5115 JOANNE KEARNEY BLVE	ERS/MANAGERS	TITLE NAME STREET ADDRESS		Florida	Department of CHANGES	of State	
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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

4/1/08

(813) 435-7777

Daytime Phone #