## 2007 LIMITED LIABILITY COMPANY

## FILED Apr 18, 2007 8:00 am Secretary of State

2007	LHAILLED LIABILITY COMPAN	
	ANNUAL REPORT	

DOCUMENT # L0400064040  1. Entity Name ADMIRALS CUP DEVELOPMENT LLC							04-18-2007	90031 01	6 ****5(	).00	
-:							UUUU	νυσφυ			
Principal Place of Business 1316 BOWMAN ST. CLERMONT, FL 34711		Mailing Address 1316 BOWMAN ST. CLERMONT, FL 34711			-		,		<b>-</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03152007	Chg-LLC	CR2E08	83 (12/06)			
City & State		City & State				4. FEI Number 20-1546411			No	plied For at Applicable	
Zip	Country	Zip	Coun	itry	5. Certifica		e of Status Desired		\$5.00 Add Fee Required		
	6. Name and Address of Current	Registered Agent	agistered Agent			7. Name an	d Address of New F			-	
				Name							
1316 BOW	N, W. EDWARD III ∕MAN ST. √T, FL 34711				Street Address (P.O. Box Number is Not Acceptable)						
	.,,,===			City				FL	Zip Code	e	
8. The above	named entity submits this statement for	or the nurnose of changing its	register	ed office or	renisteri	ed anent or h	oth in the State of Fl		amiliar with	and accept	
	ions of registered agent.	a tile barbose or criandina ira	i Lediorer	AC OWING O	Ladiorer	eu ayen, or	OUT, HI LIE STATE OF A	UNGA, TAITTE	attiniai wini,	and accept	
SIGNATURE Signature. (yped or printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
Filing Fee Is \$50.00 Due by May 1, 2007						,		ke check pa la Departme		<b>∌</b>	
9.	MANAGING MEMBE	ERS/MANAGERS	10.			<del></del>	ADDITIONS				
TITLE	MGRM KNICKMAN, W. EDWARD III	☐ Delete	TITLE		W.	Ellur	Moment		Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	13352 LAGO VISTA DR. WINTER GARDEN, FL 34787			ae Eet address (-st-zip	30	4 Nau ermon	itica m t, FL 3	ile Di 47//	r.		
TITLE	MGR	☐ Delete	TITL	£			<del></del>		☐ Change	Addition	
NAME	SOUTHARD, SAMUEL T		MAM.	-						•	
STREET ADDRESS City-St-Zip	1316 BOWMAN ST. CLERMONT, FL 34711			EET ADDRESS (-St-ZIP							
TITLE	· ·		TITLE						☐ Change	Addition	
NAME			NAM								
STREET ADDRESS				EET ADDRESS							
CITY-ST-ZIP		□ Delete		r-ST-ZIP	<u> </u>				Change	- Addison	
TITLE NAME		☐ Delete	TITLE	-					☐ Change	Addition	
STREET ADDRESS				EET ADDRESS							
CITY-ST-ZIP			CITY	r-ST-ZIP				_			
TITLE		☐ Delete	Inu						☐ Change	☐ Addition	
NAME Street address			NAM STRE	AE EET ADDRESS							
CITY-ST-ZIP				r-ST-ZIP							
TITLE		☐ Delete	TITL	E				•	Change	Addition	
NAME CTREET ADDRESS			NAM								
STREET ADDRESS City-St-Zip				eet address (-st-zip							
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 his eport as required by Chapter 608, Florida Statutes.											
SIGNATURE: 4/9/07 352-241-7066 SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  Date  Dayling Prione 8											