


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90432 048 \*\*\*\*\*50.00

<b>DOCUMENT # L04000069375</b>		
1. Entity Name <b>EMBERS LAKE SITE DEVELOPMENT, LLC</b>		

Principal Place of Business <b>4829 CORONADO PARKWAY CAPE CORAL, FL 33903</b>	Mailing Address <b>4829 CORONADO PARKWAY CAPE CORAL, FL 33903</b>
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**60030992**

2. Principal Place of Business - No P.O. Box # <b>4037 Del Prado Blvd</b>	3. Mailing Address <b>4037 Del Prado Blvd</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



02122007 Chg-LLC CR2E083 (12/06)

City & State <b>Cape Coral, FL</b>	City & State <b>Cape Coral, FL</b>
Zip <b>33904</b>	Country <b>US</b>
Zip <b>33904</b>	Country <b>US</b>

4. FEI Number <b>20-1656650</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>BOLANOS TRUXTON, P.A. 12800 UNIVERSITY DRIVE, SUITE 350 FT. MYERS, FL 33907</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM 104 ACRES, LLC 4829 CORONADO PARKWAY CAPE CORAL, FL 33903</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>4037 Del Prado Blvd Cape Coral, FL 33904</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
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 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

**3/29/07**

Date

Daytime Phone #