

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90375 039 ****50.00

DOCUMENT # L04000077495

1. Entity Name
FIDDLER'S HOLLOW, LLC



Principal Place of Business
**% PCD CONSTRUCTION
4965 SW 91ST TERRACE, SUITE C
GAINESVILLE, FL 32608**

Mailing Address
**% LAWRENCE S. KLITZMAN
2200 NORTH COMMERCE PARKWAY SUITE 206
WESTON, FL 33326**

60049212



04302007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #
1341 Sawgrass Corp Pkwy

3. Mailing Address
P.O. Box 267430

City & State
Surprise, FL

City & State
Weston, FL

4. FEI Number
56-2492006

Applied For
☐ Not Applicable

Zip
33325

Country
USA

Zip
33326

Country
USA

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KLITZMAN, LAWRENCE S
2200 NORTH COMMERCE PARKWAY
SUITE 206
WESTON, FL 33326**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Surprise

FL

Zip Code
33325

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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
DAUTEL, PETER
4965 SW 91ST TERRACE, SUITE C
GAINESVILLE, FL 32608**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1341 Sawgrass Corporate Parkway
Surprise, FL 33325**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ 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

4/30/07

Date

954.384.4421

Daytime Phone #