


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 06, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000091516 1. Entity Name PREMIERE LAKEFRONT OF CENTRAL FLORIDA, LLC	
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Principal Place of Business 1249 SHORECREST CIRCLE CLERMONT, FL 34711 US	Mailing Address 1249 SHORECREST CIRCLE CLERMONT, FL 34711 US
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DO NOT WRITE IN THIS SPACE

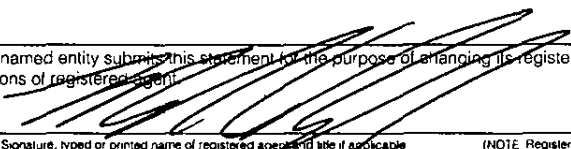


08022007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 05-0615651	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CAVENDER, MICHAEL J MGRM 1249 SHORECREST CIR CLERMONT, FL 34711
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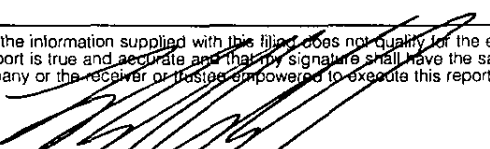
DO NOT WRITE IN THIS SPACE

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)	8-31-07 DATE

Filing Fee is \$50.00 Due by September 14, 2007	U000000773491 09/06/07-80006-015 50.00
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAVENDER, MICHAEL J 1249 SHORECREST CIRCLE CLERMONT, FL 34711
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  8-31-07 38243-4688 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #