

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 25, 2008 8:00 am
Secretary of State

08-25-2008 90092 021 ***543.75

60046580



08222008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L04000091516	
1. Entity Name PREMIERE LAKEFRONT OF CENTRAL FLORIDA, LLC	



Principal Place of Business 1249 SHORECREST CIRCLE CLERMONT, FL 34711 US	Mailing Address 1249 SHORECREST CIRCLE CLERMONT, FL 34711 US
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2. Principal Place of Business - No P.O. Box # 109 Grassy lake Rd	3. Mailing Address 109 Grassy lake Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Minneola, FL	City & State Minneola, FL
Zip 34715	Zip 34715
Country Lake	Country Lake

6. Name and Address of Current Registered Agent CAVENDER, MICHAEL J MGRM 1249 SHORECREST CIR CLERMONT, FL 34711	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 <i>[Signature]</i>	DATE 8-22-08
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CAVENDER, MICHAEL J		NAME	
STREET ADDRESS 1249 SHORECREST CIRCLE		STREET ADDRESS	
CITY-ST-ZIP CLERMONT, FL 34711		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-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 this report as required by Chapter 608, Florida Statutes.	
SIGNATURE: <i>[Signature]</i>	Date 8-22-08 Daytime Phone # 352-243-4655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	