


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90156 049 \*\*\*\*50.00

<b>DOCUMENT # L05000002162</b>	
1. Entity Name <b>DEBARY PLANTATION CONDOMINIUM, LLC</b>	

Principal Place of Business <b>5889 SOUTH WILLIAMSON BLVD., SUITE 14 PORT ORANGE FL 32128</b>	Mailing Address <b>5889 SOUTH WILLIAMSON BLVD., SUITE 14 PORT ORANGE FL 32128</b>
--	--



2. Principal Place of Business - No P.O. Box # <b>5889 S. WILLIAMSON BLVD. SUITE 1417 PORT ORANGE, FL 32128</b>	3. Mailing Address
Suite, #	
City &	
Zip	

1st MOORE CR2E083 (10/06)

6. Name and Address of Current Registered Agent <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145</b>	7. Name and Address of New Registered Agent Name <b>ROBERT A. HALL</b> Street Address (P.O. Box Number is Not Acceptable) <b>2795 SPRUCE CREEK BLVD.</b> City <b>DAYTON BEACH</b> FL Zip Code <b>32128</b>
--	--

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 *Robert A. Hall* **ROBERT A. HALL** DATE **2-13-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2007</b>
--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HALL, ROBERT A 5889 SOUTH WILLIAMSON BLVD., SUITE 1419 PORT ORANGE FL 32128 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Suite 1417 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HALL, ROBERT A 5889 SOUTH WILLIAMSON BLVD., SUITE 1419 PORT ORANGE FL 32128 <input checked="" 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
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
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 Section 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: *Robert A. Hall* **ROBERT A. HALL** DATE **2-13-07** 396-767-2434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE