


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L05000020443</b> 1. Entity Name COTTAGE RESORT PROPERTIES, LLC	
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Principal Place of Business 300 EAST HIGHWAY 50 CLERMONT, FL 34711	Mailing Address 300 EAST HIGHWAY 50 CLERMONT, FL 34711
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**DO NOT WRITE IN THIS SPACE**



03302007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2522877	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  
  
VALLERY, MARK G  
300 EAST HIGHWAY 50  
CLERMONT, FL 34711

**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) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VALLERY FLORIDA HOLDING COMPANY 300 EAST HIGHWAY 50 CLERMONT, FL 34711
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04/19/07-80031-016-50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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>Mark Vallery mm</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	4/6/07 352394-0614 Date Daytime Phone #
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