

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000027607

FILED  
Apr 29, 2007  
Secretary of State

**Entity Name:** DEVELOPERS OF BEECHWOOD VILLAS, LLC

**Current Principal Place of Business:**

1264 MARKET CIRCLE  
UNIT 2  
PORT CHARLOTTE, FL 33953 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O BOX 2114  
ENGLEWOOD, FL 34295 US

**New Mailing Address:**

**FEI Number:** 20-2672425

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STURGES, ERNEST W JR.  
18501 MURDOCK CIRCLE  
SUITE 501  
PORT CHARLOTTE, FL 33948 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SCHOTT, AUBREY  
Address: P.O. BOX 2114  
City-St-Zip: ENGLEWOOD, FL 34295 US

Title: MGRM ( ) Delete  
Name: SCHOTT, SUSAN  
Address: P.O. BOX 2114  
City-St-Zip: ENGLEWOOD, FL 34295 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: AUBREY D SCHOTT

MGRM

04/29/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date