2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #L05000037935 1. Entity Name ASTATULA RESERVE, LLC



FILED

Apr 16, 2007 8:00 am Secretary of State

04-16-2007 90353 001 ****50.00

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	e of Business ARD STREET STE 201 DEN, FL 34787	Mailing Address 232 S. DILLARD STREE WINTER GARDEN, FL 3			·	νυνιδθί	IJ			
2. Principal P	Place of Business - No.P.O. Box #	3. Mailing Address 7	70609							
Suite, Apt.	#, etc. 200	Suite, Apt. #, etc.	<u> </u>		04112007	Chg-LLC	CR2E083 (12/06))		
City & State	Garden FL	Winter 6a	rden F	7_	4. FEI Number 20-3049		 i-	pplied For ot Applicable		
34787	Country	34777	Country S		5. Certificate of	of Status Desired	S5.00 Ac			
	6. Name and Address of Current	t Registered Agent			7. Name and	Address of New F	Registered Agent			
DDATT 14	MEC D ECO		Name							
PRATT, JAMES R ESQ 369 N. NEW YORK AVENUE 3RD FL WINTER PARK, FL 32789			Street	Address (F	ess (P.O. Box Number is Not Acceptable)					
************	71111,12 02100									
			City				FL Zip Cod	de		
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
	Signature, typed or printed name of registered agen	t and the if applicable. (NOTE	:: Hegislered Agent sign:	sine ledmed	when reinstating)	,	DATE			
Filing Fee is \$50.00 Due by May 1, 2007							re check payable to a Department of Sta	te		
9.	MANAGING MEMB	ERS/MANAGERS	10.		i.	ADDITIONS	/CHANGES /			
TITLE	MGR							Addition		
NAME		☐ Delete	TITLE				. Change			
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			NAME Street Address	P.0	·Box 7- nter 6	70609 ard en	FL 3477	7 □ Addition		
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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:	Rohland A. June	4-11-07	407-965-8180
SIGNATURE AND TYPED OR PRINTED NAME OF S	GNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #