## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000046974

Entity Name: TOWNLAKES SQUARE LLC

1458 SCENIC STREET

LEHIGH ACRES, FL 33936

Address:

City-St-Zip:

FILED Feb 19, 2007 Secretary of State

**New Principal Place of Business: Current Principal Place of Business:** 1140 LEE BLVD. SUITE 101 LEHIGH ACRES, FL 33936 **New Mailing Address: Current Mailing Address:** PO BOX 1361 LEHIGH ACRES, FL 33970 FEI Number: 20-2870314 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PFUNER, HEINZ S 752 MIRROR LAKES DR. LEHIGH ACRES, FL 33936 US 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete PFUNER, HEINZ S Name: Name: Address: 752 MIRROR LAKES DR. Address: City-St-Zip: LEHIGH ACRES, FL 33936 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: PFUNER, THOMAS W Name: Address: 1452 SCENIC STREET Address: City-St-Zip: LEHIGH ACRES, FL 33936 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition PFUNER, JOHANN Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: HEINZ S. PFUNER MGRM 02/19/2007