

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90255 017 ****55.00

DOCUMENT # L05000052503

1. Entity Name
COURTNEY GATE PARKWAY, LLC



Principal Place of Business
100 COLONIAL CENTER PARKWAY, SUITE 470
LAKE MARY, FL 32746

Mailing Address
100 COLONIAL CENTER PARKWAY, SUITE 470
LAKE MARY, FL 32746



01262007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0318998

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF ORLANDO
300 SOUTH ORANGE AVE., SUITE 1000 (DTO)
ORLANDO, FL 32801

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	OGIER, GERALD D
STREET ADDRESS	216 NOB HILL CIRCLE
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	V
NAME	SCHAFER, JOHN A
STREET ADDRESS	4138 WINDING PINE TRAIL 4019 Bermuda Grove Place
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	V
NAME	OGIER, MARK D
STREET ADDRESS	616 GRAND CYPRESS POINT
CITY-ST-ZIP	SANFORD, FL 32771
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #

3/7/07

(407) 333-0066