## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L05000054262**

1. Entity Name

PARK PLACE TITLE OF CLERMONT, LLC



Principal Place of Business

Mailing Address

214 E WASHINGTON ST STE C MINNEOLA, FL 34715 214 E WASHINGTON ST STE € MINNEOLA, FL 34715

## FILED Mar 14, 2007 8:00 am Secretary of State

03-14-2007 90207 038 \*\*\*\*50.00



01242007 No Chg-LLC

CR2E083 (11/05)

| 4. | FEI Number |
|----|------------|
|    | 20-2942089 |

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

| 6. Name and Addre | ss of Current | Registered Agent |
|-------------------|---------------|------------------|
|-------------------|---------------|------------------|

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| red office or registered agent, or both, in the State of Florida. I am familiar with, and accept   |  |  |  |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE  Filling Fee is \$50.00  Due by May 1, 2007 |  |  |  |
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| exemptions contained in Chapter 119. Florida Statutes, I further certify that the information  |  |  |  |
|  |  |  |  |

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 of 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

3/12/67

407 897-4999

Daytime Phone #