


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 11, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000056357 1. Entity Name BOB OF MOUNT DORA, LLC	
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Principal Place of Business 117 RED BAY DRIVE LONGWOOD, FL 32779 US	Mailing Address 117 RED BAY DRIVE LONGWOOD, FL 32779 US
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**DO NOT WRITE IN THIS SPACE**



01072007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 40-0246096	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent  MORSE, WILLIAM M 117 RED BAY DRIVE LONGWOOD, FL 32779
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAM MORRIS MORSE FAMILY TRUST DATED FE 117 RED BAY DRIVE LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORSE, ROBERT W 200 OCEAN AVENUE, SUITE 202 MELBOURNE BEACH, FL 32951
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORSE, DAVID S 240 SPRINGSIDE ROAD LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/11/07-80063-016 50.00

**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:  1/7/07 407-862-0565  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #