


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 07, 2008 08:00 A
Secretary of State

DOCUMENT # L05000060827 1. Entity Name CLERMONT COMMONS, LLC	
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Principal Place of Business 1140 COUNTRY CLUB DR. C/O A STEWART HALL, JR. ORLANDO, FL 32804	Mailing Address PO BOX 547948 ORLANDO, FL 32854-7948
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01112008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3027662	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent PEACOCK, ROBERT W JR 315 EAST ROBINSON ST., SUITE 600 ORLANDO, FL 32801
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000851249
03/25/08-80032-004 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COON, STEVEN A PO BOX 547948 ORLANDO, FL 328547948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HALL, STEWART PO BOX 547948 ORLANDO, FL 328547948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BALMER, CHRIS PO BOX 547948 ORLANDO, FL 328547948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NEWSOME, ROBERT PO BOX 547948 ORLANDO, FL 328547948
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:  **A. STEWART HALL, JR** **3/5/08** **407-257-1200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Day Daytime Phone #