

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000064992

1. Entity Name
EGRET CROSSING, L.L.C.



Principal Place of Business
2522 SE WILLOUGHBY BLVD
STUART, FL 34994

Mailing Address
2522 SE WILLOUGHBY BLVD
STUART, FL 34994

FILED
Aug 16, 2007 08:00 AM
Secretary of State



07312007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3107311

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MUELLER, LAWRENCE D
2522 SE WILLOUGHBY BLVD
STUART, FL 34994

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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

Filing Fee is \$50.00
Due by September 14, 2007

000000772157
08/16/07-80003-022 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MUELLER, LAWRENCE D
STREET ADDRESS	2522 SE WILLOUGHBY BLVD
CITY-ST-ZIP	STUART, FL 34994
TITLE	MGR
NAME	WILLIS, BRENDA SIMPSON
STREET ADDRESS	2 VIA LUCINDA
CITY-ST-ZIP	SEWALL'S POINT, FL 34996
TITLE	MGR
NAME	MOORE, T. MICHAEL
STREET ADDRESS	3021 JUPITER PARK CIRCLE, SUITE 101
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 #