

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

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



04042008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3107311	Applied For Not Applicable
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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

**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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MUELLER, LAWRENCE D 2522 SE WILLOUGHBY BLVD STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIS, BRENDA SIMPSON 2 VIA LUCINDA SEWALL'S POINT, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOORE, T. MICHAEL 3021 JUPITER PARK CIRCLE, SUITE 101 JUPITER, FL 33458
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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05/13/08-80058-013 138.75

**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 #

4-22-08

1-772-288-6667