

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90434 029 *****55.00

DOCUMENT # L05000071275

1. Entity Name
COURTNEY WOODS APARTMENTS, LLC



Principal Place of Business
100 COLONIAL CENTER PARKWAY, SUITE 470
LAKE MARY, FL 32746

Mailing Address
100 COLONIAL CENTER PARKWAY, SUITE 470
LAKE MARY, FL 32746

00000000



01262007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-3156590

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF ORLANDO
300 S. ORANGE AVE., SUITE 1000 (DTO)
ORLANDO, FL 32801

**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 re-registering)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	VPST
NAME	SCHAFFER, JOHN
STREET ADDRESS	100 COLONIAL CENTER PKWY SUITE 470
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	MGR
NAME	WOODS, COURTNEY <i>Development Inc</i>
STREET ADDRESS	100 COLONIAL CENTER PKWY SUITE 470
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	P
NAME	OGIER, GERALD D
STREET ADDRESS	100 COLONIAL CENTER PKWY SUITE 470
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	VP
NAME	OGIER, STEVE
STREET ADDRESS	100 COLONIAL CENTER PKWY SUITE 470
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	<i>VP</i>
NAME	<i>Ogier, Mark C</i>
STREET ADDRESS	<i>Same as above</i>
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

3/7/07

Date

407 333-0066

Daytime Phone #