


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000080050 1. Entity Name COURTNEY ISLES, LLC	
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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
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DO NOT WRITE IN THIS SPACE



01242008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5430629	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION COMPANY OF ORLANDO 300 SOUTH 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 _____ (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	MGRM SCHAFFER, JOHN A 100 COLONIAL CENTER PARKWAY LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM OGIER, GERALD D 100 COLONIAL CENTER PARKWAY LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM OGIER, STEVEN 100 COLONIAL CENTER PARKWAY LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM OGIER, MARK C 100 COLONIAL CENTER PARKWAY LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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03/19/08-80002-015 143.75

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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: John Schaffer 2/8/08 407-3330066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #