


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90078 009 ****55.00

DOCUMENT # L05000083553	
1. Entity Name COUNTRY CLUB EAST INVESTORS, LLC	

Principal Place of Business 14400 COVENENAT WAY BRADENTON, FL 34202	Mailing Address 14400 COVENENAT WAY BRADENTON, FL 34202
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2. Principal Place of Business - No P.O. Box # 14400 COVENANT WAY	3. Mailing Address 14400 COVENANT WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State BRADENTON, FL	City & State BRADENTON, FL
Zip 34202	Zip 34202
Country USA	Country USA



02012007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3360401	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent GARDNER, ANDREW M 2479 ALOMA AVENUE WINTER PARK, FL 32792	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *Andrew M Gardner* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JCAG MANAGEMENT, LLC 14400 COVENENAT WAY BRADENTON, FL 34202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Andrew M Gardner* **2/1/07** **407-679-3120**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #