

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90255 019 \*\*\*\*55.00

**DOCUMENT # L05000093263**

1. Entity Name  
**COURTNEY STATION, 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

00001000



01262007No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**74-3156353**

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 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

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 NAME STREET ADDRESS CITY-ST-ZIP	VPST SCHAFFER, JOHN 100 COLONIAL CENTER PKWY SUITE 470 LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COURTNEY STATION DEVELOPMENT, INC. 100 COLONIAL CENTER PKWY SUITE 470 LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>MGR</del> Pres Ogier <del>OVER</del> , GERALD D 100 COLONIAL CENTER PKWY SUITE 470 LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Ogier, Mark C Same as above
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Ogier, Steven D Same as above
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:**

*John Schaffer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/7/07

Date

(407) 333-0066

Daytime Phone #