


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000104478 1. Entity Name TOWN SQUARE, LLC	
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Principal Place of Business 5151 SOUTH LAKE LAND DRIVE LAKE LAND, FL 33813 US	Mailing Address PO BOX 7174 LAKE LAND, FL 33807 US
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02072007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3671510	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LASMAN LAW FIRM, P.A. 6152 DELANCEY STATION STREET SUITE 205 RIVERVIEW, FL 33569
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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

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

8. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLIVERA, FELIPE L PO BOX 7174 LAKE LAND, FL 33807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLIVERA, MAGDALINE M PO BOX 7174 LAKE LAND, FL 33807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STANGL, ALEJANDRO R PO BOX 7174 LAKE LAND, FL 33807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STANGL, ALICIA E PO BOX 7174 LAKE LAND, FL 33807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000641029 02/28/07-80088-022 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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 of a trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Alejandro Stangl*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/7/07 (863) 644-7844
Date Daytime Phone #