

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90133 001 ***650.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000122392					
1. Entity Name LAKE NONA SOUTH IV, LLC					
Principal Place of Business 9801 LAKE NONA ROAD ORLANDO, FL 32827		Mailing Address 9801 LAKE NONA ROAD ORLANDO, FL 32827			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2117458	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. 420 SOUTH ORANGE AVE. SUITE 1200 ORLANDO, FL 32801-4904				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when renewing)					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAKE NONA PROPERTY HOLDINGS LLC 9801 LAKE NONA RD ORLANDO, FL 32827 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZBORIL, JIM 9801 LAKE NONA RD ORLANDO, FL 32827 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Zboril, James ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THAKKAR, RASESH 9801 LAKE NONA RD ORLANDO, FL 32827 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANAND, CHRISTOPHER 9801 LAKE NONA RD ORLANDO, FL 32827 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VOSS, JEFF 9801 LAKE NONA RD ORLANDO, FL 32827 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Voss, Jefferson R. ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Ferguson, Lowell ☐ Change ☒ 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:  SIGNATURE AND TYPED OR PRINTED NAME OF FORMING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone _____					