## **2007 LIMITED LIABILITY COMPANY**

## Feb 19, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L06000009641** 02-19-2007 90201 015 \*\*\*\*50.00 1. Entity Name CONNEMARA COURT, LLC DUBTOLOS Principal Place of Business Mailing Address **1815 SOUTH SUMMERLIN AVENUE** 1815 SOUTH SUMMERLIN AVENUE ORLANDO, FL 32806 ORLANDO, FL 32806 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01192007 CR2E083 (12/06) City & State City & State Applied For 4. FEI Number 42-1691920 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARTLEY, MARTHA A Street Address (P.O. Box Number is Not Acceptable) 1815 SOUTH SUMMERLIN AVENUE ORLANDO, FL 32806 City 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 Signature, typed or printed name of registered agent and tritle 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 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. **MGRM** TITLE TITLE ☐ Change ■ Addition ☐ Delete NAME HARTLEY, MARTHA A STREET ADDRESS 1815 SOUTH SUMMERLIN AVENUE STREET ADDRESS ORLANDO, FL 32806 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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 effective or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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JRE: Many Member SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE SIGNATURE:

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