

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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DOCUMENT # L06000010811

1. Entity Name

COURTYARD SQUARE ASSOCIATES, LLC



Principal Place of Business

3400 E ROTOR WING PATH  
HERNANDO FL 34442

Mailing Address

3400 E ROTOR WING PATH  
HERNANDO FL 34442

FILED

07 APR 30 AM 11:18



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

McFARLAND, DEBRA  
3400 E ROTOR WING PATH  
HERNANDO FL 34442

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME MCFARLAND, DONALD  
STREET ADDRESS 3400 E ROTOR WING PATH  
CITY ST ZIP HERNANDO FL 34442

TITLE MGR ☐ Delete  
NAME MCFARLAND, DEBRA  
STREET ADDRESS 3400 E ROTOR WING PATH  
CITY ST ZIP HERNANDO FL 34442

TITLE ☐ Delete  
NAME  
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CITY ST ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 300103010643  
CITY ST ZIP 05/22/07--01021--007 \*\*250.00

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY ST ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Donald McFarland*

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

4/12/07 352-726-716

Date

Daytime Phone #