Jul 20 07 05:25p Don Martin

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Aug 02, 2007 8:00 am
Secretary of State

08-02-2007 90031 031 ****55.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000016380

1. Entity Name
82 COURT WAY, LLC

Principal Place of Business	Mailing Address
1511 KELLIWOOD CT SUN CITY CENTER, FL 33573	1511 KELLIWOOD CT SUN CITY CENTER, FL 33573
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

C7202007 Cng LLC CR2E063 (12/06)

4. FEI Number: 205436634 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BARNETT, SCOTT F
412 E MADISON ST
SUITE 900
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name: Carolyn T. Dickinson
Street Address (P.O. Box Number is Not Acceptable): 1511 Kelliwood Ct.
City: Sun City Center FL Zip Code: 33573

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 Carolyn T. Dickinson, MGR. Carolyn T. Dickinson, Mgr. 7/19/07
(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~~ 55.00
Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			
TITLE	MGRM	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	DICKINSON FAMILY COMPANY, LLC		NAME			
STREET ADDRESS	1511 KELLIWOOD CT		STREET ADDRESS			
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		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-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
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CITY-ST-ZIP			CITY-ST-ZIP			
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 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: Carolyn T. Dickinson 7/19/07 813-508-5444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #