

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000020400

Entity Name: LEMON BLUFF, LLC

FILED
Apr 19, 2007
Secretary of State

Current Principal Place of Business:

1735 STATE ROAD 419
LONGWOOD, FL 32750

New Principal Place of Business:

4101 W OBISPO STREET
TAMPA, FL 33629 US

Current Mailing Address:

1735 STATE ROAD 419
LONGWOOD, FL 32750

New Mailing Address:

4101 W OBISPO STREET
TAMPA, FL 33629 US

FEI Number: 20-4394019

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HAMES, LAURENCE C
215 NORTH EOLA DRIVE
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

MAYES, ANALEE M
4101 W OBISPO STREET
TAMPA, FL 33629 US

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.

SIGNATURE: ANALEE M MAYES

04/19/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: MAYES, ANALEE M
Address: 4101 W OBISPO STREET
City-St-Zip: TAMPA, FL 33629 US

Title: MGRM () Change (X) Addition
Name: MOORE, THOMAS W
Address: 3370 OHIO AVENUE
City-St-Zip: SANFORD, FL 32773 US

Title: MGRM () Change (X) Addition
Name: LOVELL, KATHLEEN M
Address: 1320 WALLS BRIDGE ROAD
City-St-Zip: CLARKESVILLE, GA 30523 US

Title: MGRM () Change (X) Addition
Name: MCGOVERN, CAROLYN P
Address: 3634 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32205 US

Title: MGRM () Change (X) Addition
Name: SINGER, JERE M
Address: 1295 WALL BRIDGE LOOP
City-St-Zip: CLARKESVILLE, GA 30523 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANALEE M MAYES

MGR

04/19/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date