

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90139 018 \*\*\*\*\*55.00

**DOCUMENT # L06000025460**

1. Entity Name

FLORIDA POSSUMS LACROSSE CLUB, LLC



Principal Place of Business

Mailing Address

4000 GRANDE VISTA BLVD  
134  
SAINT AUGUSTINE FL 32084

4000 GRANDE VISTA BLVD  
134  
SAINT AUGUSTINE FL 32084

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

4. FEI Number

20-4463740

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

1st MOORE

CR2E083 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEST, THOMAS F III  
4000 GRANDE VISTA BLVD  
134  
SAINT AUGUSTINE FL 32084

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 re-registering)

DATE

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
MGR  
WEST, THOMAS F  
4000 GRANDE VISTA BLVD, 134  
SAINT AUGUSTINE FL 32084 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
MGR  
BRITJOHNNA WEST  
4000 GRANDE VISTA BLVD, 134  
SAINT AUGUSTINE, FL 32084 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
MGR  
JURECIC, SEAN  
510 FLORIDA CLUB BLVD, UNIT 103  
SAINT AUGUSTINE FL 32092 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
MGR  
BRIAN THEISS  
1115 NAUTYCKET ST.  
Deltone, FL 32725 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY ST ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY ST ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
☐ Change ☐ Addition

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:** Thomas West

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

1/15/07

Date

904-824-5505

Daytime Phone #