

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000028663

FILED
Apr 26, 2007
Secretary of State

Entity Name: NEW SMYRNA COUNTRY ESTATES, LLC

Current Principal Place of Business:

507 SMOKERISE BLVD
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

507 SMOKERISE BLVD
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CHAPMAN, MARK A
507 SMOKERISE BLVD
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CHAPMAN, MARK A
Address: 507 SMOKERISE BLVD
City-St-Zip: LONGWOOD, FL 32779 US

Title: MGRM () Delete
Name: CHAPMAN, SHELLEY R
Address: 507 SMOKERISE BLVD
City-St-Zip: LONGWOOD, FL 32779 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MARK A CHAPMAN

MGRM

04/26/2007

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