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Sep 04, 2007 8:00 am
Secretary of State
08-17-2007 90097 020 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000033057

1. Entity Name
LAKE WILDMERE PLANTATION, LLC

Principal Place of Business	Mailing Address
1632 N. RONALD REAGAN BLVD. LONGWOOD, FL 32750 US	1632 N. RONALD REAGAN BLVD. LONGWOOD, FL 32750 US

30012618

08092007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box # 1672 N. Ronald Reagan Blvd.	3. Mailing Address 1672 N. Ronald Reagan Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Longwood, FL	City & State Longwood, FL
Zip 32750 Country USA	Zip 32750 Country USA

4. FEI Number 20-4718373 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DELGADO, DAVID C
1632 N. RONALD REAGAN BLVD.
LONGWOOD, FL 32750

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 1672 N. Ronald Reagan Blvd.
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

Filing Fee is $50.00
Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DELGADO, DAVID C 1632 N. RONALD REAGAN BLVD. LONGWOOD, FL 32750	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1672 N. Ronald Reagan Blvd.	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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 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: [signature] DAVID C. DELGADO 407.834.4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #