FILED Jun 04, 2007 8:00 am Secretary of State 05-01-2007 90338 050 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000051076 1. Entity Name ZEPHYR LAKES, LLC					30009 557				
Principal Place of Business		Mailing Address							
2502 N. ROCKY POINT DRIVE Suite 1050		2502 N. ROCKY POINT DRIVE SUITE 1050			1				
TAMPA, FL 33607		TAMPA, FL 33607			E ISTRIBIL BIL	eriis eiiy'enii esin es	IZN es ter reini i	IFN STIN ITSIG S	EES) WI 1881
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04262007	Chg-LLC	CR2E	083 (12/06)		
City & State		City & State			4. FEI Numbe	¥			optied For of Applicable
Zıp	Country	Zip	Соиг	ntry	5. Certificate	of Status Desired		\$5.00 Ad Fee Require	ditional
	6. Name and Address of Current	Registered Agent	egistered Agent Name		7. Name and	Address of New I	Registered	Agent	
1150 CLE\	IER, GARY N ÆLAND STREET				P.O. Bax Numbe	r is Not Acceptabl	e)		
SUITE 300 CLEARWA) ATER, FL 33755								
	•			City		·	Fi	Zip Cod	le
8. The above	named entity submits this statement to	r the purpose of changing its	register	ed office or register	ed agent, or bot	h, in the State of Fi		- 1	end accept
the obligations of registered agent.									
SIGNATURE Signature, hipset or printed name of registered agent and little if applicable. (NOTE: Registered Agent arginuture required when renstators) OATE									
Filing Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS						Flortd	a Departu		
9. TITLE	MANAGING MEMBE	HS/MANAGERS Delete	10.	:		ADDITIONS	/CHANGES	Change	- I Addi
NAME STREET ADDRESS CITY-SI-ZIP	THE RYAN GROUP, LLC 2502 N. ROCKY POINT DRIVE, TAMPA, FL 33607		NAM STRE	- 1				□ custr	Addition
IUITE		☐ Delete	TITL				···—-·	Change	Addition
NAME STREET ADDRESS				ET ADORESS				- •	
CITY-ST-ZIP TITLE	<u> </u>	Delete	mu	-ST-2P				☐ Change	☐ Addition
NAME STREET ADDRESS			NAM	E ITI ADDRESS				_ •	_
CITY-SI-ZIP				- ST- ZIP					\
TITLE		Delete	m					☐ Change	Addition
STREET ADDRESS			NAM Stre	ET ADDRESS					i
CITY-ST-ZIP			CITY	-S1-ZIP					
ITTLE NAME		☐ Delete	DILL					Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			STRE	ET ADOPESS - ST-ZIP					
TITLE		C) Detete	HTLE	1				Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				E Et adopess -SI-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 firmited flability company out he receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									
SIGNAT	URE:	F SICHING MANAGRIG MEMBER MAN	AGER OR	AUTHORIZED REPRESE	KTATIVE	(13 <u>2</u> 104)	813	-388·	800