2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 30, 2007 8:00 am
Secretary of State

02-15-2007 90274 029 ****50.00

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1. Entity Name
HARTWOOD RESIDENTIAL, LLC

Principal Place of Business
390 NORTH ORANGE AVE., SUITE 1400
ORLANDO, FL 32801

Mailing Address
390 NORTH ORANGE AVE., SUITE 1400
ORLANDO, FL 32801

02082007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #
401 FERGUSON DRIVE
Suite, Apt. #, etc.
City & State
ORLANDO, FL 32805
Zip
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number
☐ Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent
B&C CORPORATE SERVICES OF CENTRAL FLA. INC
390 NORTH ORANGE AVE., SUITE 1400
ORLANDO, FL 32801

7. Name and Address of New Registered Agent
Name: JEFFRY B. FUQUA
Street Address (P.O. Box Number is Not Acceptable): 401 FERGUSON DRIVE
City: ORLANDO FL Zip Code: 32805

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 _____ 2-09-07
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 May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
Manager C. David Brown, II 390 N. Orange Avenue, Suite 1400 Orlando, FL 32801	☒ Delete	
	☐ Delete	
	☐ Delete	
	☐ Delete	
	☐ Delete	
	☐ Delete	

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		
Manager JEFFRY B. FUQUA 401 FERGUSON DRIVE ORLANDO, FL 32805	☐ Change	☒ Addition
	☐ Change	☐ Addition
	☐ Change	☐ Addition
	☐ Change	☐ Addition
	☐ Change	☐ Addition
	☐ 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: _____ 2-09-07 407-293656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #