

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

07-11-2007 90012 047 \*\*\*\*\*55.00  
FILED L06000072193

**FILED**  
**Aug 22, 2007 8:00 A.M.**  
**Secretary of State**

<b>DOCUMENT # L06000072193</b> 1. Entity Name <b>THE PRESERVE AT BRANDON, L.L.C.</b>					
Principal Place of Business <b>2933 WEST SR 434 STE 101 LONGWOOD, FL 32779</b>			Mailing Address <b>2933 WEST SR 434 STE 101 LONGWOOD, FL 32779</b>		
2. Principal Place of Business - No P.O. Box # <b>1110 DOUGLAS AVE</b> Suite, Apt. #, etc. <b>2050</b> City & State <b>ALTAMONTE SPRINGS FL</b>		3. Mailing Address <b>1110 DOUGLAS AVE</b> Suite, Apt. #, etc. <b>2050</b> City & State <b>ALTAMONTE SPRINGS FL</b>			
Zip <b>32714</b>		Country <b>USA</b>		4. FEI Number <b>51-0594290</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent  <b>ROYALL, H J JR 2933 WEST SR 434 STE 101 LONGWOOD, FL 32779</b>			7. Name and Address of New Registered Agent Name <b>ROYALL, H J JR</b> Street Address (P.O. Box Number is Not Acceptable) <b>1110 DOUGLAS AVE</b> <b>SUITE 2050</b> City <b>ALTAMONTE SPRINGS</b> <b>FL</b> Zip Code <b>32714</b>		
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  DATE <b>7/2/07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROYALL, H J JR 2933 WEST SR 434 STE 101 LONGWOOD, FL 32779	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROYALL, H J JR 1110 DOUGLAS AVE SUITE 2050 ALTAMONTE SPRINGS, FL 32714
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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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:			7/2/07 902-774-0323		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					