


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90115 017 ***143.75

DOCUMENT # L06000072193	
1. Entity Name THE PRESERVE AT BRANDON, L.L.C.	

Principal Place of Business 1110 DOULAS AVENUE, 2050 ALTAMONTE SPRINGS, FL 32714	Mailing Address 1110 DOULAS AVENUE, 2050 ALTAMONTE SPRINGS, FL 32714
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50003634

2. Principal Place of Business - No P.O. Box # 365 WEKIVA SPRINGS ROAD	3. Mailing Address 365 WEKIVA SPRINGS RD
Suite, Apt. #, etc. SUITE 231	Suite, Apt. #, etc. SUITE 231
City & State LONGWOOD, FL	City & State LONGWOOD, FL
Zip 32779	Country USA



01282008 Chg-LLC CR2E083 (12/06)

4. FEI Number 51-0594290	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00	Additional Fee Required
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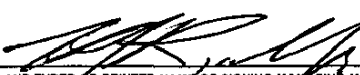
6. Name and Address of Current Registered Agent ROYALL, H J JR 1110 DOULAS AVENUE, 2050 ALTAMONTE SPRINGS, FL 32714	
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7. Name and Address of New Registered Agent	
Name ROYALL, H. J. JR.	
Street Address (P.O. Box Number is Not Acceptable) 365 WEKIVA SPRINGS ROAD	
SUITE 231	
City LONGWOOD	FL Zip Code 32779

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 4/11/08

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	<input type="checkbox"/> Delete	TITLE MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROYALL, H J JR		NAME ROYALL, H. J. JR.	
STREET ADDRESS 1110 DOULAS AVENUE, 2050		STREET ADDRESS 365 WEKIVA SPRINGS RD SUITE 231	
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714		CITY-ST-ZIP LONGWOOD, FL 32779	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
SIGNATURE: 	DATE 4/11/08 DAYTIME PHONE # 407 774-0303