

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000076668

**FILED**  
**Apr 03, 2007**  
**Secretary of State**

**Entity Name:** PALMCREST HOMES OF TAMPA BAY-VII, LLC

**Current Principal Place of Business:**

7615 MITCHELL BLVD.  
NEW PORT RICHEY, FL 34655

**New Principal Place of Business:**

7615 MITCHELL BOULEVARD  
NEW PORT RICHEY, FL 34655 US

**Current Mailing Address:**

P.O. BOX 2197  
NEW PORT RICHEY, FL 346562197

**New Mailing Address:**

P.O. BOX 2197  
NEW PORT RICHEY, FL 346562197 US

**FEI Number:** 20-8163399

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FLAIG, GUNTHER  
7615 MITCHELL BLVD.  
NEW PORT RICHEY, FL 34655 US

**Name and Address of New Registered Agent:**

FLAIG, GUNTHER  
7615 MITCHELL BOULEVARD  
NEW PORT RICHEY, FL 34655 US

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.

SIGNATURE: GUNTHER FLAIG

04/03/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: FLAIG, GUNTHER  
Address: 7615 MITCHELL BLVD.  
City-St-Zip: NEW PORT RICHEY, FL 34655

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: FLAIG, GUNTHER  
Address: P.O. BOX 2197  
City-St-Zip: NEW PORT RICHEY, FL 346562197 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GUNTHER FLAIG

MGR

04/03/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date