



**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L06000084013</b> 1. Entity Name PRIORITY COUNTRY MEADOWS, LLC	
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Principal Place of Business 1 N DALE MABRY HWY SUITE 1070 TAMPA, FL 33609	Mailing Address 1 N DALE MABRY HWY SUITE 1070 TAMPA, FL 33609
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**DO NOT WRITE IN THIS SPACE**

**FILED**  
08 MAY 14 PM 3:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04142008 No Chg-LLC CR2E083 (12/07)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PRIORITY DEVELOPERS INC  
1 N DALE MABRY HWY  
SUITE 1070  
TAMPA, FL 33609

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

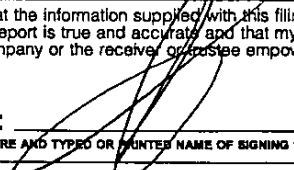
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PRIORITY DEVELOPERS INC 1 N. DALE MABRY SUITE 1070 TAMPA, FL 33609
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900130169789  
05/23/08--01010--001 \*\*288.75

**DO NOT WRITE  
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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:**  Frederic C. Streck - President of Priority Developers Inc., Manager April 22, 2008 813-414-0001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

KS