

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90032 002 \*\*\*\*50.00

DOCUMENT # L06000104436  
 1. Entity Name  
 DEER LODGES LLC



Principal Place of Business  
 7311 PELICAN ISLAND DRIVE  
 TAMPA, FL 33634

Mailing Address  
 7311 PELICAN ISLAND DRIVE  
 TAMPA, FL 33634

60041099



2. Principal Place of Business - No P O Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 7311 Pelican Isl. Dr.  
 Suite, Apt. #, etc.

04232007 Chg-LLC CR2E083 (12/06)

City & State  
 Tampa FL

City & State  
 FL

Zip  
 33634

Country  
 US

Zip  
 Country

4. FEI Number  
 205269533

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

VARSAVES, KELLY  
 7311 PELICAN ISLAND DRIVE  
 TAMPA, FL 33634

7. Name and Address of New Registered Agent

Name

Street Address (P O Box Number is Not Acceptable)

City FL Zip Code

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 *[Signature]* DATE 4/23/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**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	MGR. <input type="checkbox"/> Delete VARSAVES, KELLY 7311 PELICAN ISLAND DRIVE TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. <input type="checkbox"/> Delete VARSAVES, LOUIS 7311 PELICAN ISLAND DRIVE TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* DATE 4/23/07 (813) 8065432

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE